



Coronavirus (COVID-19) Management LTC Guideline (as of April 9, 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. For LTC Hybrid facilities, consider these guidelines for your PCH beds.

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](#) and [provincial requirements for PPE in LTC](#) 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)
- Note: Residents on scheduled acetaminophen or NSAIDs (e.g. ibuprofen, naproxen, diclofenac) may not have an increase in temperature

2. Implement [Droplet/Contact Precautions](#) and the following additional precautions:

- Post appropriate precautions signage on room door
- 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 in the resident room and between units



- Dedicate resident equipment
 - Minimize equipment and supplies in the resident rooms as much as possible
 - A single room with private bathroom is preferred; if not possible, draw privacy curtain and maintain 2 metre separation
 - **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 \(mask vs respirator\)](#) and *WRHA COVID-19 Respiratory Guidelines for Personal Care Homes*.
3. Collect 1 nasopharyngeal (NP) swab placed in viral transport medium in addition to routine investigations. **Do NOT wait for a prescriber order, Infection Control Professional (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**. **DO NOT** swab residents without symptoms.
 - 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>
 - Transportation of NP swabs:
 - Site specific instructions for transporting swabs: _____
 - For PCHs using the WRHA Contract Courier: T-Force Final Mile Canada after-hours
 - Choose the service of 24/7
 - Email: ca.healthcare@tforce.com
 - Phone #: 877-345-8801
 - If there are issues with after-hours service, contact:
 - Ron Howe, Branch Manager
Tel.: (204) 833-3516
 - Rob Lylyk, Operations Manager
Office: (204) 833-3522
 - Replacement supplies:
 - 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 CDC, Medical Officer of Health and the site ICP or designate.
4. Notify:
- Resident's prescriber or on-call prescriber
 - Site Infection Control Professional (ICP) or designate
 - Site Leadership and Medical Director
 - WRHA LTC Infection Prevention & Control Coordinator at (204) 940-8554 or mparadisjuba@wrha.mb.ca
After hours, please leave a message for follow-up within 24 hours.



5. Notify the affected resident's family of respiratory symptoms:
 - Inform them that the resident has developed respiratory (cold) symptoms
 - Notify them that the PCH has taken precautions to limit the spread within the PCH
 - A swab has been taken to help determine the cause and this swab will also be tested for COVID- 19
 - Encourage the family to call if they have questions
 - Provide an update on the resident's current condition
 - Document notification of the family in the resident's health record
6. Conduct active case finding for other symptomatic residents. If other symptomatic residents are identified, repeat steps 2-5.
7. Declare a respiratory outbreak if 2 or more residents in a facility have 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 11.
8. During regular working hours, contact your **Communicable Diseases Coordinator (CDC) 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 CDC.

Tanya Horton thorton2@wrha.mb.ca	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 & Transition Services - St. Amant, Vista Park Lodge, Luther Home, Maples PCH, Middlechurch Home of Winnipeg, Actionmarguerite - St. Joseph's	Tel: 204-940-2326 Fax: 204-940-2690
Lynn Klassen Semeniuk lklassensemeniuk@wrha.mb.ca	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	Tel: 204-940-3641 Fax: 204- 940-2690
Jennifer Omega JOmega@wrha.mb.ca	Beacon Hill Lodge, Calvary Place, Fred Douglas Lodge, Lions Housing Centres, Misericordia Health Centre, Parkview Place	Tel: 204-940-8280 Fax: 204-940-2690

- 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 CDC 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.
9. Initiate the **Outbreak Investigation Form** (line list) for affected residents and staff
 10. 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 (see step 3)
 - Increased environmental cleaning with a **facility-approved disinfectant** to all surface areas *at least twice*



daily and when soiled, 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 (refer to Appendix 7 for [Quick Tips for Resident Interactions](#))
- Post [respiratory outbreak 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

11. 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 – **1 case of COVID-19 is considered an outbreak**, continue to step 12 below and refer to the [Resident\(s\) with Probable Positive COVID-19 Result Algorithm](#) in Appendix 2
Note: CPL will inform the Public Health and the Medical Officer of Health (MOH) of the result

12. Continue [Droplet/Contact Precautions](#). If not in place, implement resident accommodations measures:

- Single room and private bathroom preferred, door may remain open
 - Cohort rooms of residents with probable or confirmed COVID-19 results in close proximity to each other
 - For single rooms with shared bathrooms, recommend implementing a commode for one of the residents if both are using the bathroom
- If single room is not available, cohorting must be considered:
 - Residents with probable or confirmed COVID-19 results, can be cohorted in the same room
- 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 \(mask vs respirator\)](#) and [WRHA COVID-19 Respiratory Guidelines for Personal Care Homes](#).
- 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 (refer to Appendix 7 for [Quick Tips for Resident Interactions](#))
- Consistent staff caring for resident(s) with probable or confirmed COVID-19 results is recommended to reduce transmission and spread



13. Reinforce infection prevention and control measures:

- 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 room as much as possible
- Discard items that cannot be appropriately cleaned and disinfected
- Increased environmental cleaning with a [facility-approved disinfectant](#) to all surface areas *at least twice daily and when soiled*, 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.
- 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.

14. Notify:

- Resident's prescriber or on-call prescriber of probable positive COVID-19 result and current resident condition. Discuss with prescriber the review of the Advanced Care Plan (ACP) and goals of care in the context of COVID-19 (see step 15 below). Refer to the "Resources" section of the [COVID-19 Guiding Document on Long-Term Care Communication & Symptom Guidelines](#).
- Site Infection Control Professional (ICP) or designate
- Site Leadership and Medical Director
- WRHA LTC Program:
 - Infection Prevention & Control Coordinator, Mandy Paradis-Juba mparadisjuba@wrha.mb.ca; AND
 - Executive Director, Hana Forbes hforbes@wrha.mb.ca; AND
 - Director of Operations, Joe Puchniak jpuchniak@wrha.mb.ca
 - After hours, also include WRHA Admin on-call (204-926-7048)
 - The WRHA LTC Program will notify the following resources who will provide support to the PCH as required:
 - LTC Program Medical Director
 - WRHA Occupational Health (OESH)
 - WRHA Communications
 - Refer to the [COVID-19 Media Rules of Engagement](#) in Appendix 6, which all media should have
 - The media has no access to facilities and are required to stay 50 metres from an entrance. It is expected that there will be media interest and media present on site. The media will probably take photos, try to talk to people, etc., but as long as they do it from a respectful distance, (i.e. 50 metres), then they are technically allowed to be there and will be.
 - Sites are not obliged to answer (or even return) any media calls or emails. Sites can focus communication and notification on their own staff, residents and families. The media and public notification will be handled centrally.
 - Please refer any media enquiries to: covid-19media@sharedhealthmb.ca

15. Notify the affected resident or resident's family of probable positive COVID-19 result. Initiate Advanced Care Plan (ACP) and goals of care discussion in the context of COVID-19. The prescriber may need to be part of this discussion. Refer to the "Resources" section of the [COVID-19 Guiding Document on Long-Term Care Communication & Symptom Guidelines](#).



16. Suspend all admissions to the PCH.
17. Continue to monitor the affected residents' symptoms. If at any time the resident's condition deteriorates or symptoms become difficult to manage, contact:
 - a. During regular hours, attending prescriber, if no call back then:
 - b. On-call physician, if no call back then:
 - c. Medical Director for the PCH, if no call back then:
 - d. For WRHA, LTC Medical Director, Dr. Gilles Pinette
18. The triaging prescriber should evaluate the following as per the "Action Plan #2" section of the [COVID-19 Guiding Document on Long-Term Care Communication & Symptom Guidelines](#).
 - a. Is this transfer appropriate?
 - b. Can the resident stay in the PCH with additional medical management and be seen by the on-site prescriber urgently this week for further assessment?
 - c. Is this resident ACP C or palliative and can be best managed in PCH?
 - d. Is this resident ACP M with no heroic interventions, which can be best managed in PCH?
 - e. Is this a resident with possible COVID-19 infection and showing rapid decline, discuss with family in regards to keeping resident at PCH?
 - f. If imaging is required, in Winnipeg it can be done by the [Mobile X-ray Service](#)/ portable X-ray (where available) in the next 1-2 days (i.e., all X-rays can be done except skull, spine, and abdomen).
 - g. The triaging prescriber should contact the hospital and speak to the Emergency Department physician (EMO) for each transfer and inform them of resident's probable positive COVID-19 status.
19. If the decision is made transfer the resident to acute care:

Refer to the [Transfer to Acute Care for Residents with COVID-19 Algorithm](#) in Appendix 3.

 - Call 911 regarding the requirement to transfer a resident to acute care and inform them of the resident's probable positive COVID-19 status
 - As noted in 18. g. above, the triaging prescriber should contact the hospital and speak to the Emergency Department physician (EMO) for each transfer 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 the 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
 - Notify affected resident's family of the transfer to acute care
20. Notify ALL residents or families of residents of probable positive COVID-19 result(s) (refer to the [Communication Scripts](#) in Appendix 5).
21. Notify ALL staff of probable positive COVID-19 result(s) (refer to the [Communication Scripts](#) in Appendix 5).
22. Contact identification: Refer to the [COVID-19 Contact Identification LTC Guideline](#)
 - *Period of communicability* - The period extending from 48 hours prior to the development of overt symptoms in the case until the case is classified as no longer infectious.
 - Staff contacts:
 - Identify staff in contact with the resident(s) during the communicability period



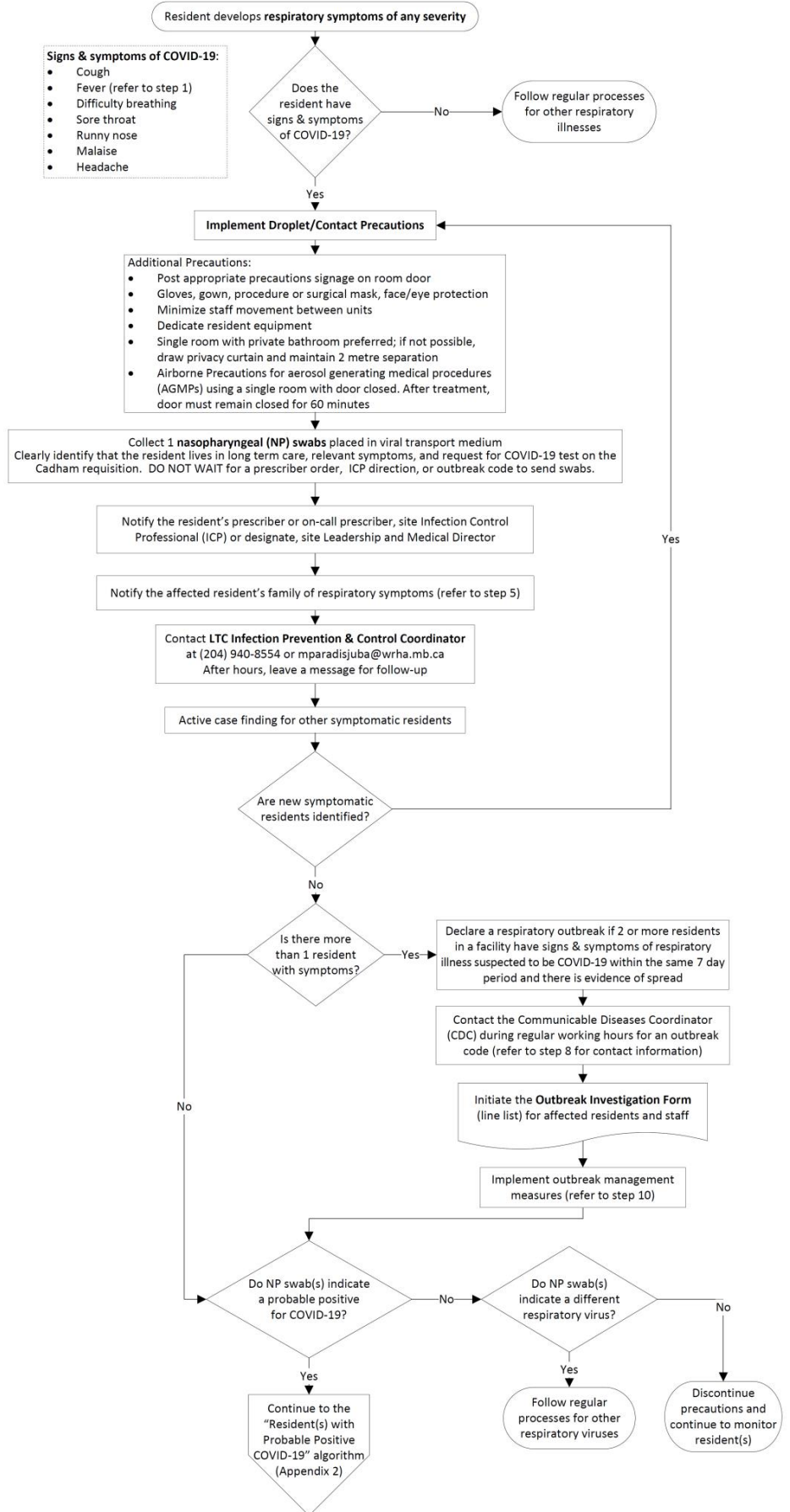
- Continue the process outlined in the COVID-19 Contact Identification LTC Guideline
 - **Visitor contacts:**
 - Identify visitor and external provider contact(s) of the resident(s) with the probable positive result(s) during the communicability period
 - Continue the process outlined in the COVID-19 Contact Identification LTC Guideline
 - **Resident contacts:**
 - Identify residents in contact with the resident(s) with the probable positive result(s) during the communicability period
 - Assess residents for respiratory signs & symptoms. If a resident has respiratory signs & symptoms, return to step 1
 - If the resident doesn't have symptoms, go to step 25
 - Monitor the resident contacts for respiratory signs and symptoms for 14 days from last contact
23. 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.
24. If the resident passes away, use routine practices, along with Droplet/Contact Precautions for handling deceased bodies, preparing bodies for autopsy, and transferring bodies to mortuary services.
25. If a resident is identified as having contact with a probable or confirmed COVID-19 positive case, determine if the resident has respiratory signs & symptoms. Refer to the [Asymptomatic Resident Contact of Confirmed COVID-19 Positive Case Algorithm](#) in Appendix 4.
- If the resident has respiratory signs & symptoms, return to step 1
 - If the resident doesn't have respiratory signs & symptoms, continue to step 26
26. Implement **Droplet/Contact Precautions** and the following additional precautions:
- Post appropriate precautions signage on room door
 - 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 in the resident room and between units
 - Dedicate resident equipment
 - Minimize equipment and supplies in the resident rooms as much as possible
 - Single room with private bathroom preferred; if not possible, draw privacy curtain and maintain 2 metre separation
 - **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 \(mask vs respirator\)](#) and *WRHA COVID-19 Respiratory Guidelines for Personal Care Homes*.
27. A nasopharyngeal (NP) swab is NOT required.
28. Notify:
- Resident's prescriber or on-call prescriber



- Site Infection Control Professional (ICP) or designate
 - Site Leadership and Medical Director
 - WRHA LTC Infection Prevention & Control Coordinator at (204) 940-8554 or mparadisjuba@wrha.mb.ca
 - Affected resident's family of possible exposure to a person with probable or confirmed COVID-19 (refer to the **Communication Scripts** in Appendix 5)
29. Increased environmental cleaning with a **facility-approved disinfectant** to all surface areas *at least twice daily and when soiled*, 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.
30. Monitor the resident for respiratory signs & symptoms including measuring temperatures* twice daily and record to assess for temperature deviances from baseline. Note: **Residents on scheduled acetaminophen or NSAIDs (e.g. ibuprofen, naproxen, diclofenac) may not have an increase in temperature.*
31. Monitor all residents on the unit for respiratory signs & symptoms including measuring temperatures* twice daily and record to assess for temperature deviances from baseline. Note: **Residents on scheduled acetaminophen or NSAIDs (e.g. ibuprofen, naproxen, diclofenac) may not have an increase in temperature.*
32. If at any time, resident(s) develop respiratory signs & symptoms, return to step 1.
33. Maintain precautions, monitoring and cleaning for **14 days from last date of contact** with the probable or confirmed COVID-19 positive case.

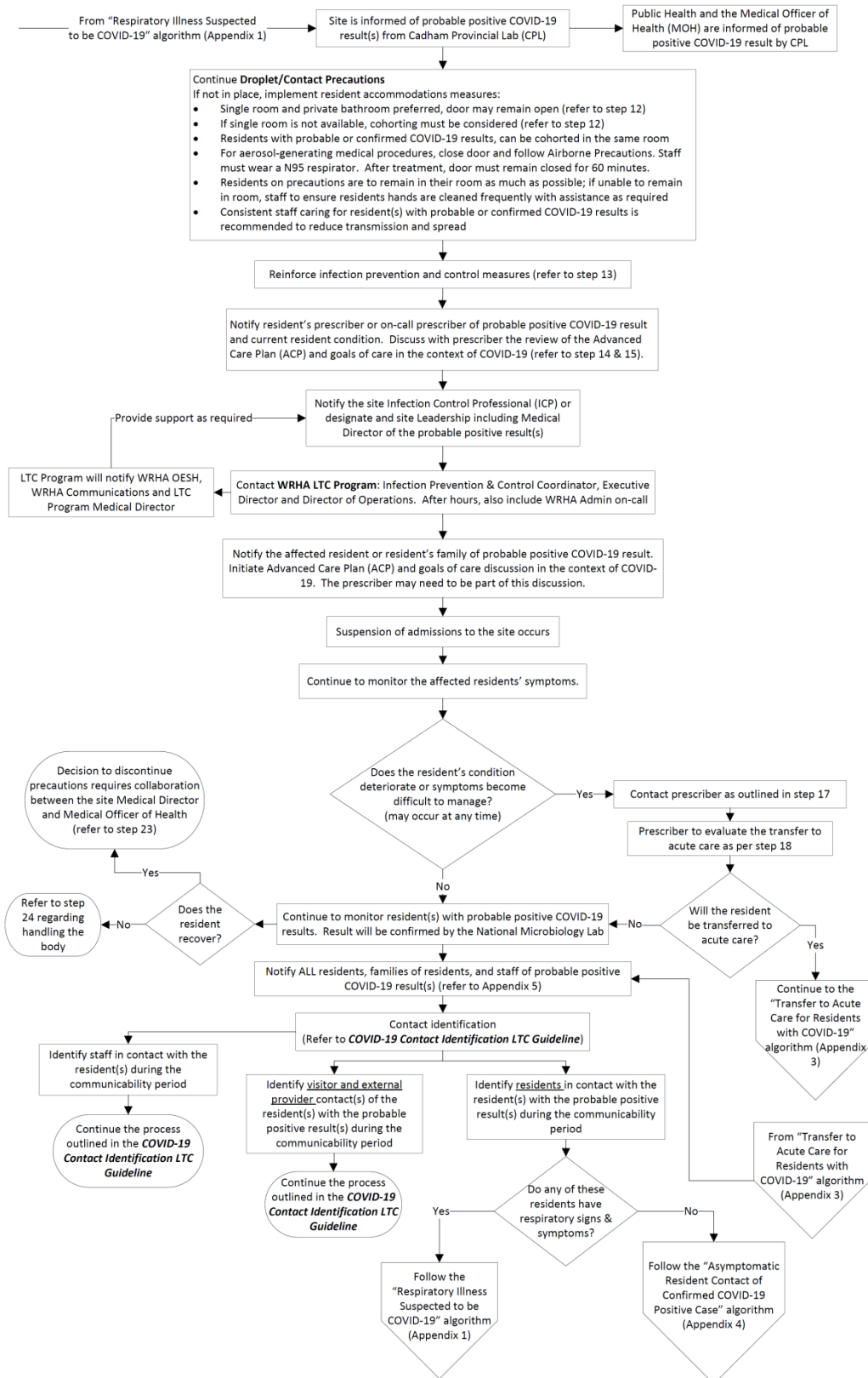


Appendix 1: Respiratory Illness Suspected to be COVID-19 Algorithm





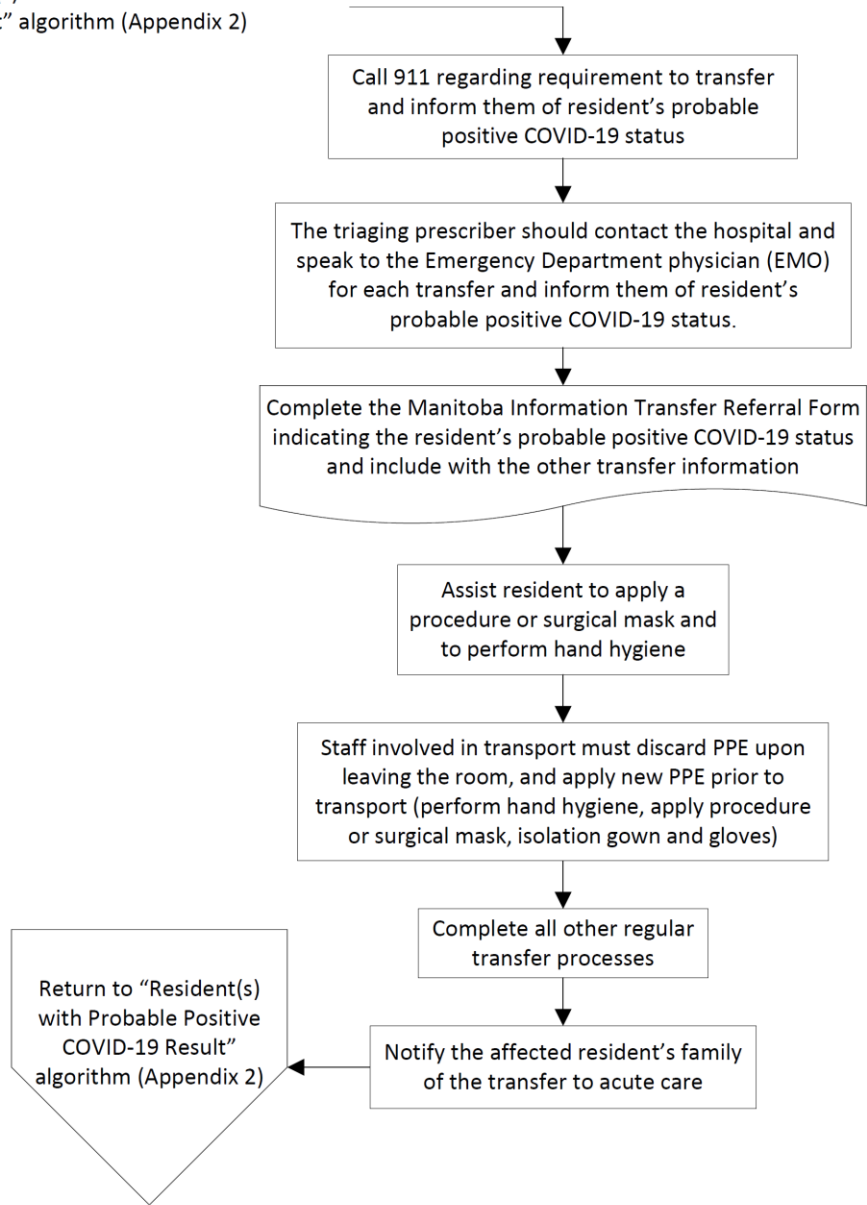
Appendix 2: Resident(s) with Probable Positive COVID-19 Result Algorithm





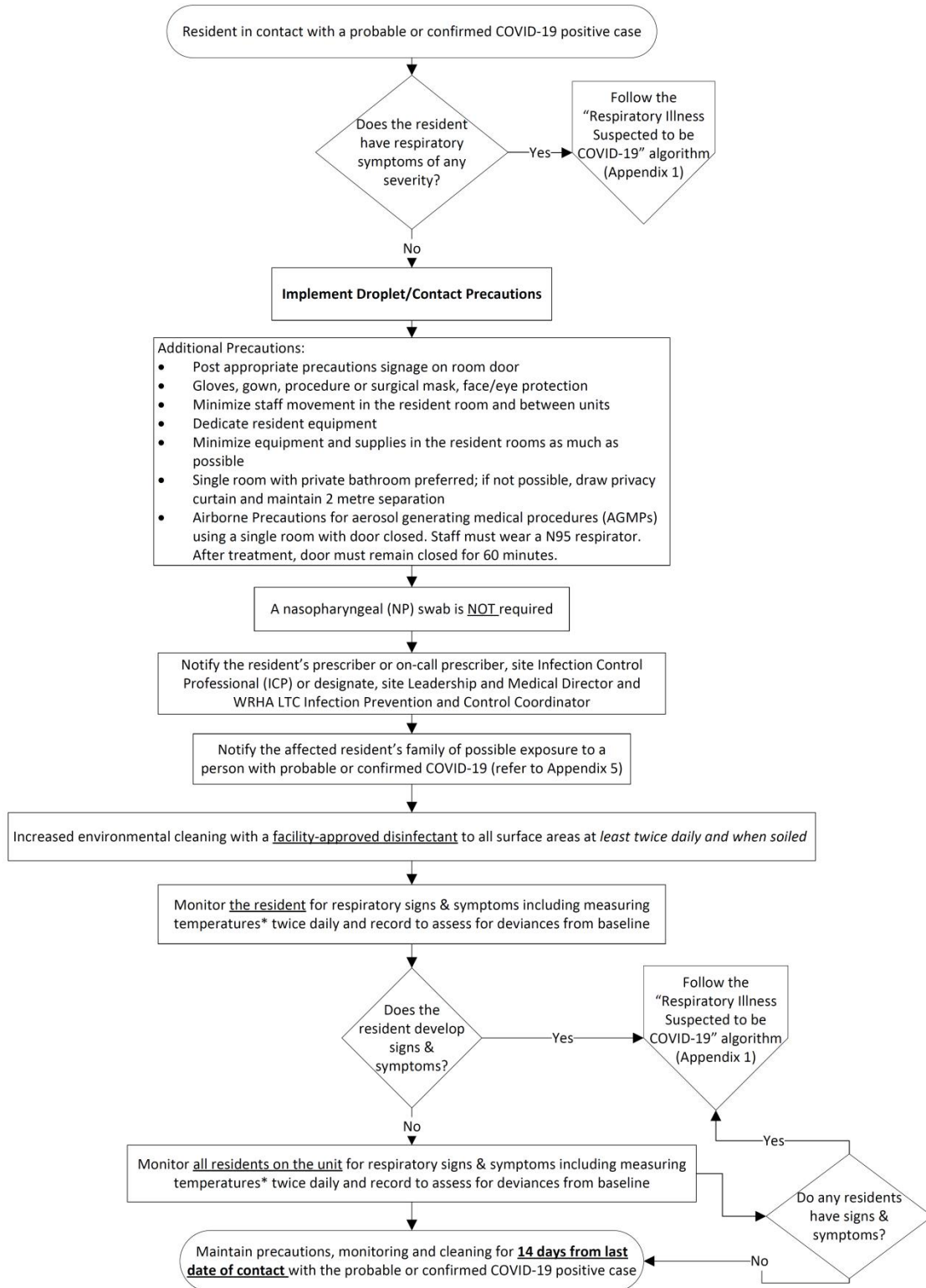
Appendix 3: Transfer to Acute Care for Residents with COVID-19 Algorithm

From "Resident(s) with Probable Positive COVID-19 Result" algorithm (Appendix 2)





Appendix 4: Asymptomatic Resident Contact of Confirmed COVID-19 Positive Case



*Residents on scheduled acetaminophen or NSAIDs (e.g. ibuprofen, naproxen, diclofenac) may not have an increase in temperature



Appendix 5: Communication Scripts



Script to use for families with [name of personal care home] residents being tested for COVID-19

Use following telephone script if resources available to handle inquiries

Notification of testing for affected residents

We have become aware of a health-care worker/or resident in [name of personal care home] who has tested positive for COVID-19.

I am calling to let you know that [NAME of loved one] is experiencing respiratory symptoms at this time.

[INCLUDE IF SWABBING DONE] We have conducted a swab test to determine the cause of their illness. We will also test for COVID-19.

[INCLUDE IF SWABBING NOT DONE] If necessary, we will conduct a swab test to determine the cause of their illness.

To help stop the spread of illness, the following measures have been implemented: [INCLUDE ALL THAT APPLY]

- Residents affected are in isolation and are receiving care by staff dedicated to their needs.
- Visitor restrictions remain in place.
- We have suspended admissions to the facility.
- Staff are being screened to see if testing is required.
- All staff who are in contact with residents will be wearing protective equipment to further prevent any potential transmission between staff members and residents.
- Communal meals and recreation activities for all residents are being modified. Residents who are symptomatic will be isolated from other residents and those dining together will be physically distanced from one another at meal times.

I know this news is incredibly unsettling. But I want to assure you that we are doing everything we can to make sure that NAME's health is being closely monitored. At present [update on resident current symptoms/status].

We will keep you updated on [NAME's] condition. Please feel free to call [name of contact] at [phone number] at any time if you have questions. We will work to get back to you as quickly as we can.



Use following script for letter or email if resources to handle inquiries are limited

Notification of testing for all residents or families of residents

We have become aware of a **health-care worker/resident** in **[name of personal care home]** who has tested positive for COVID-19.

At this time, we are aware that some residents are exhibiting minor respiratory symptoms and we are testing these residents for the cause of their illness. If necessary, we will also test them for COVID-19.

If your family member is being tested, you will be contacted directly.

We appreciate this is incredibly unsettling news for our residents and their loved ones. Please be assured that we have moved quickly to enact precautions that will prevent any further spread of illness.

The care of our residents' health is our top priority.

To help stop the spread of the illness, the following measures have been implemented:

[INCLUDE ALL THAT APPLY]

- Residents affected are in isolation and are receiving care by staff dedicated to their needs.
- Visitor restrictions remain in place.
- We have suspended admissions to the facility.
- Staff are being screened to see if testing is required.
- All staff who are in contact with residents will be wearing protective equipment to further prevent any potential transmission between staff members and residents.
- Communal meals and recreation activities for all residents are being modified. Residents who are symptomatic will be isolated from other residents and those dining together will be physically distanced from one another at meal times.

We appreciate your concern for your loved one. Our priority at this time is the care of our residents. Please call **[phone number]** with any inquiries you may have.

If you recently visited the facility and have questions or concerns about your own health, please contact Health Links-Info Santé at 204-788-8200 or toll-free 1-888-315-9257.



Use following script for verbal discussion or written notification of staff

Attention Staff: Notification of COVID-19 Positive Case

We have become aware of a **health-care worker** in **[name of personal care home]** who has tested positive for COVID-19.

Public health, occupational health, and infection prevention and control are working together to investigate this case, and follow up on all identified close contacts. **[Name of personal care home]** is working closely with Manitoba Health and the **[insert region]** to ensure that our approach is consistent with provincial standards. Certain staff at **[name of personal care home]** may have been exposed to this worker between **dates, 2020**. *(Specify area of facility/department if possible.)*

Public health and occupational health are notifying those people who have been named as close contacts of the worker, and are providing direction to staff on the types of precautions you will be required to take.

Staff who worked in other departments/service areas and who may have periodically gone to the **what areas** from **dates** are being asked to self-monitor for symptoms. You do not need to wear a mask while at work.

Residents who are symptomatic are being isolated and have been tested to determine the cause of their illness.

Staff will be screened to see if testing is required.

Staff are reminded that you must stay home when sick, even if symptoms are mild. Please watch for the following symptoms: fever, cough, sore throat, shortness of breath, runny nose, muscle aches, fatigue, headache, diarrhea and vomiting.

If you experience these symptoms, please self-isolate immediately and contact your manager and Occupational Health Services or designate. **[insert contact information]**



Appendix 6: COVID-19 Media Rules of Engagement



Provincial COVID-19 media relations

Please note that a new email address has been created for all COVID-19-related media enquiries:

covid-19media@sharedhealthmb.ca

This email address should be used for all media enquiries related to COVID-19, including questions for Shared Health, Regional Health Authorities and MHSAL. This includes enquiries about health-care system operations, public health, hospitals, personal care homes, home care, etc.

The account is closely staffed and will route all inquiries to the appropriate source.

PRESS CONFERENCES

MHSAL and Shared Health will be holding daily or near-daily press availability with health officials.

Please note these conferences are the primary point of contact for media and the primary source of updates on the COVID-19 pandemic as it relates to Manitoba.

This is the forum for media to ask questions of health officials. The above-mentioned email address will be monitored actively and spokespeople will respond throughout the day to follow-up questions, clarifications, and similar enquiries, but requests to confirm new information should primarily be reserved for press briefings. Information will likely be evolving very quickly and health officials will not be in a position to continually confirm new information throughout the day, as their primary focus will necessarily be on operations.

WRITTEN UPDATES and ONLINE INFORMATION

The primary source of COVID-19 information for media and the general public is:

<http://www.manitoba.ca/health/coronavirus/index.html>

We encourage media to promote that link to the public and to refer to it for information for broadcast and publication. Written media releases are also available on this page. We request that media review the website prior to contacting media relations for information to ensure it is not already readily available online. The website can be considered an official source of information and may be cited.

ACCESS TO HEALTH CARE FACILITIES

Working media will not be permitted access to any Manitoba health-care facilities during the COVID-19 pandemic. This includes not attending to patient-care areas, nor conducting interviews inside health-care facilities or offices. We apologize for this inconvenience.

Media will be permitted outside of facilities to shoot footage, standups, etc., but we ask media to please stay a minimum of 50 metres from any entrance so as to respect the privacy of patients, staff, and others coming and going from the facility. We understand that media may want to speak with people passing by but we ask you to do so a respectful distance from the entrances and in a way that does not interfere with operations. We appreciate your cooperation with this matter.

IMPORTANT PUBLIC HEALTH INFORMATION

We ask the media's cooperation with disseminating important public health information as we all collectively work to contain the spread of COVID-19 in Manitoba. Some particular information



we would like media to prioritize in this regard includes information listed on the home page and in the “For the public” section of <http://www.manitoba.ca/health/coronavirus/public.html>. Many of the answers to questions that are commonly asked by media and the public can be found here.

PUBLIC and PATIENT INQUIRIES

We request that media advise any members of the public or patients who may be experiencing difficulty accessing services or who have questions or concerns about their care experience to contact the patient relations office at the facility where they are/were receiving treatment. A link with all site contact info can be found here: <https://www.wrha.mb.ca/contact/client-relations/>.

INDIVIDUAL PATIENTS

Media are reminded that health officials are considered trustees under Manitoba’s *Personal Health Information Act* and therefore cannot and will not speak publicly with media or any other members of the public about any individual patient’s treatment or health condition, including whether particular individuals or incidents are connected with COVID-19. However, representatives from the patient and client relations offices are permitted to speak openly with patients seeking answers about their own situations and with family members who have been legally permitted access to the health information of another individual.

PRIORITIZING HEALTH OPERATIONS

We ask the media to be understanding that the health-care system is managing a pandemic and the primary focus of everyone who works in the system is necessarily on patient-care operations. This means health-system officials and medical experts will likely be less available for on-camera and non-essential interviews than usual. We will not be in a position to accommodate requests for features during this time, nor for statistical requests beyond what is released at press briefings and through written public bulletins. Media is also asked to only contact the COVID-19 media account after hours (evenings and weekends) with urgent requests. Requests to confirm new numbers of cases outside of the written public bulletin process will not be accommodated through the media line. The written bulletins are to serve as the official source of publicly available information.

FRANÇAIS

Pour les demandes médiatiques en français, contactez Paul Turenne au 204-926-7868 ou pturenne@wrha.mb.ca; SVP copiez votre demande au covid-19media@sharedhealthmb.ca



Appendix 7: Quick Tips for Resident Interactions

Helping Residents with Hand Washing

Aim for hourly hand washing for all residents

Give clear instructions about how to wash hands and cover coughs

- Use simple words
- Explain with short messages and simple steps
- Post signs with large print and simple pictures near sinks

Wash your hands with them

- Demonstrate thorough hand washing
- Make this an interaction opportunity

Use alcohol based hand sanitizer if the person cannot wash hands easily (if hands are not visibly dirty)

Remember that with the use of infection control precautions it is more important than ever to consider your tone of voice and body language.

We need to be creative with connecting emotionally with our residents

Managing Precautions for Residents

With the use of infection control precautions it is more important than ever to consider your tone of voice and body language.

- Smile, use a resident's name, introduce yourself. This can be scary.
- Be creative in connecting emotionally with our residents

Monitor and Identify:

- Have a plan to quickly identify and manage ill residents
- Remember that seniors are more likely not to have a fever

Other Approaches — whenever possible:

- Have resident stay in room
- If difficulty having resident stay in room – help them to keep 6 feet away from others and have resident wear a facemask
- Frequent (hourly) hand hygiene on residents
- Serve meals in resident rooms with appropriate monitoring
- Move the clean PPE out of reach and place the garbage where residents may be less likely to touch
- Use Pro Attention Plan strategies – Try to meet needs early. Provide activities and interaction regularly to prevent boredom and the need to leave the room
- Get creative about keeping people engaged: Try using out-facing windows for interaction—try some new activities
- Use technology wherever possible to for virtual visits from family and friends