

COVID-19 Highlights – LONG TERM CARE	
Contact Site ICP/Designate	For ALL suspected or confirmed cases report to site Infection Control Professional or designate. After hours, leave a voice message for follow-up and if urgent, contact the Medical Officer of Health. For any questions or concerns please contact the WRHA LTC Infection Prevention and Control Coordinator at: 204-940-8554 or mparadisjuba@wrha.mb.ca
GENERAL INFORMATION	
Screening	 Screen individuals by asking if, within the past 14 days, had any of the following: Returned from travel, including outside Manitoba; OR Exposure to a confirmed or suspected case of COVID-19; OR Laboratory exposure in a person who works directly with biological specimens known to contain COVID-19
Signs & Symptoms	Cough, fever, difficulty breathing, sore throat, runny nose, malaise, headache
	INFECTION PREVENTION & CONTROL MEASURES
Residents with signs/symptoms (Source Control)	 Signage at entrances Hand hygiene (HH) and respiratory etiquette Residents with signs & symptoms of COVID-19 (see above) are to be isolated immediately into a single room if possible; if not possible, draw curtain and maintain a 2 metre separation between residents
Additional Precautions & Personal Protective Equipment (PPE)	 Droplet/Contact Precautions Post appropriate precautions signage on room door Gloves, gown, procedure or surgical mask, face/eye protection Dedicate resident equipment For aerosol-generating medical procedures (AGMPs), N95 respirator instead of procedure or surgical. See Clinical Recommendations for Use of Masks
Resident Accommodation	 Single room preferred If cohorting required, consult IP&C only possible for confirmed COVID-19 infection For AGMPs, close door
Testing	 FOR RESIDENTS WITH SIGNS & SYMPTOMS OF COVID-19 (see above): Collect 1 nasopharyngeal (NP) swab placed in viral transport medium in addition to routine investigations; video: https://vimeo.com/398627117/e35232c036 Include travel history, relevant symptoms, and request for COVID-19 on Cadham Lab requisition More severely ill residents may also require deep lung specimens be submitted, such as sputum, ETT secretions or broncho-alvelolar lavage specimens No serological test for the COVID-19 virus
Resident Transport	 Transport out of the isolation room for medically essential purposes only Notify Patient Transport Services and receiving department regarding Droplet/Contact Precautions in advance of transport Assist resident to apply a procedure or surgical mask and to perform hand hygiene 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)
Resident Items	Ensure items dropped off for residents are able to be cleaned and disinfected
Discontinuation of Precautions	Collaboration between the Attending Physician and Medical Officer of Health, considering both the clinical and laboratory findings
Visitor Management	 LTC facilities strongly recommended to immediately suspend visitor access Exceptions for compassionate reasons or end of life should be made on a case-by-case basis at the discretion of individual facility managers. Refer to the "Guideline for Long Term Care Operations during Enhanced Visitor Restrictions" Appropriately screen and limit to ONE VISITOR AT A TIME (e.g., immediate family member or parent, guardian, or primary caregiver). Persons who have had exposure to a confirmed case of COVID-19 are not to visit in health care facilities (HCF). Health care providers should confirm setting AND how person notified Persons who've returned from travel, including within Canada, in the last 14 days are not to visit in HCF Persons with cold or flu-like symptoms are not to visit in HCF Persons who have tested positive are not to attend HCF until cleared medically Explore alternate mechanisms for interactions between residents and other individuals (e.g., video call on cell phones or tablets) Limit movement by visiting 1 resident directly and exiting facility directly after visit with good hand hygiene before and after Visitors should not be present during AGMPs Screen and manage visitors as a person under investigation if they have signs and symptoms and exposure criteria consistent with COVID-19 infection Instruct visitors to speak with a nurse or physician before entering the room to assess risk to the visitor's health and ability to adhere to Routine Practices and additional precautions Provide visitors with instructions on and supervision with appropriate use of PPE for Droplet/Contact
Social Distancing	 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 metre 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 metre or 6 feet)