

1. Hypodermoclysis education: [COVID-19 Resources for WRHA Long Term Care - WRHA Professionals](#)

2. LTC QMR Deprescribing Focus: [Optimizing Medication Management During COVID-19 \(Jul-Sep 2020\)](#); [Streamlining Medication Use During COVID-19](#)

CHECKLIST for “No COVID-19 Cases in the PCH/LTC Facility” (Phase 1)

Staff Preparation

General practices and outbreak preparation/prevention

- Review and update the site pandemic plan as required
- Use the [WRHA COVID-19 Outbreak LTC Clinical Case Studies](#) to review potential outbreak scenarios
- Encourage vaccination for anyone who is eligible (e.g. residents, staff, designated caregivers, visitors) [COVID-19 Vaccine - #ProtectMB](#)
- Review PPE use (e.g. donning, doffing, zones, hand hygiene, precautions, general principles, spotting/observing) – Shared Health Resources <https://sharedhealthmb.ca/covid19/providers/ltc-and-pch-resources/>
 - Review PPE use and infection control practices in non-care areas (e.g. staff rooms, change rooms, etc.)
 - Review PPE use and infection control practices in work zones (e.g. resident care areas, kitchen, facility management areas, administrative areas, etc.)
 - Review preventative practices in everyday life (Stay Safe Everywhere documents)
 - Transportation to and from work (e.g. safe carpooling practices)
 - Practice the current public health guideline regarding interacting with members outside of your household
 - No potlucks or food sharing with colleagues
 - Videos:
 - There are some things you just don't do halfway: <https://youtu.be/ofWr4DpO-vE>
 - Is gathering with others really worth it?: <https://youtu.be/NF84oaX-Zxw>
 - Help limit the spread of COVID-19 at home: <https://youtu.be/MUNPgvmHE14>
 - Actions you can take to stop the spread of COVID-19: <https://youtu.be/DHLDani2TI0>
 - Everyone you know has a network: <https://youtu.be/-jb0-oDKNNw>

Resident care

Resident's baseline

- Identify and document preferred resident fluids and required diet texture prior to an outbreak so it can be easily communicated if an outbreak occurs (e.g. [Encourage Food and Fluids poster](#) for each resident's room or door)
- Identify and document resident's clinical baseline (e.g. baseline set of vital signs, weight, known cough, skin assessment, history of falls, etc.) so staff can recognize if there is a change in baseline or not
- Review current care plan to ensure it accurately reflects the resident, and update any accompanying documentation (e.g. ADL sheet) so both regular and external staff would readily be able to provide care for resident and recognize if different from baseline

- Identify residents who may potentially be difficult to quarantine/isolate to their rooms. Develop an isolation care plan for these residents ahead of time so it can readily be implemented if needed.
 - Dementia isolation toolkit <https://dementiaisolationtoolkit.com/>
 - Review WRHA LTC Program *COVID-19 and Restraint Use: Guiding principles to help keep Residents with Dementia Safer*
- Plan ahead as to how to promote functional abilities for residents who may be quarantined/isolated to their room
- Identify any unvaccinated or partially residents and their location in the facility as they will be most vulnerable to COVID-19 infection

Communication expectations

- Review current tools to communicate changes in resident status with other team members and consider if effective during an outbreak (e.g. SBAR, shift report)
- Review how to use SBAR to effectively communicate changes in resident condition (e.g. nurse to nurse or nurse to prescriber)
- Review documentation related to assessing for sign/symptoms of COVID-19 and when to use the monitoring tools (e.g. [LTC COVID-19 Resident Screening Tool](#), [National Early Warning Score \(NEWS2\) Vital Signs Record](#))
- Conduct and document goals of care conversations with residents and families and review resources for goals of care conversations during the COVID-19 pandemic <https://sharedhealthmb.ca/files/covid-19-palliative-care-guidelines.pdf>

Clinical education and assessment skills

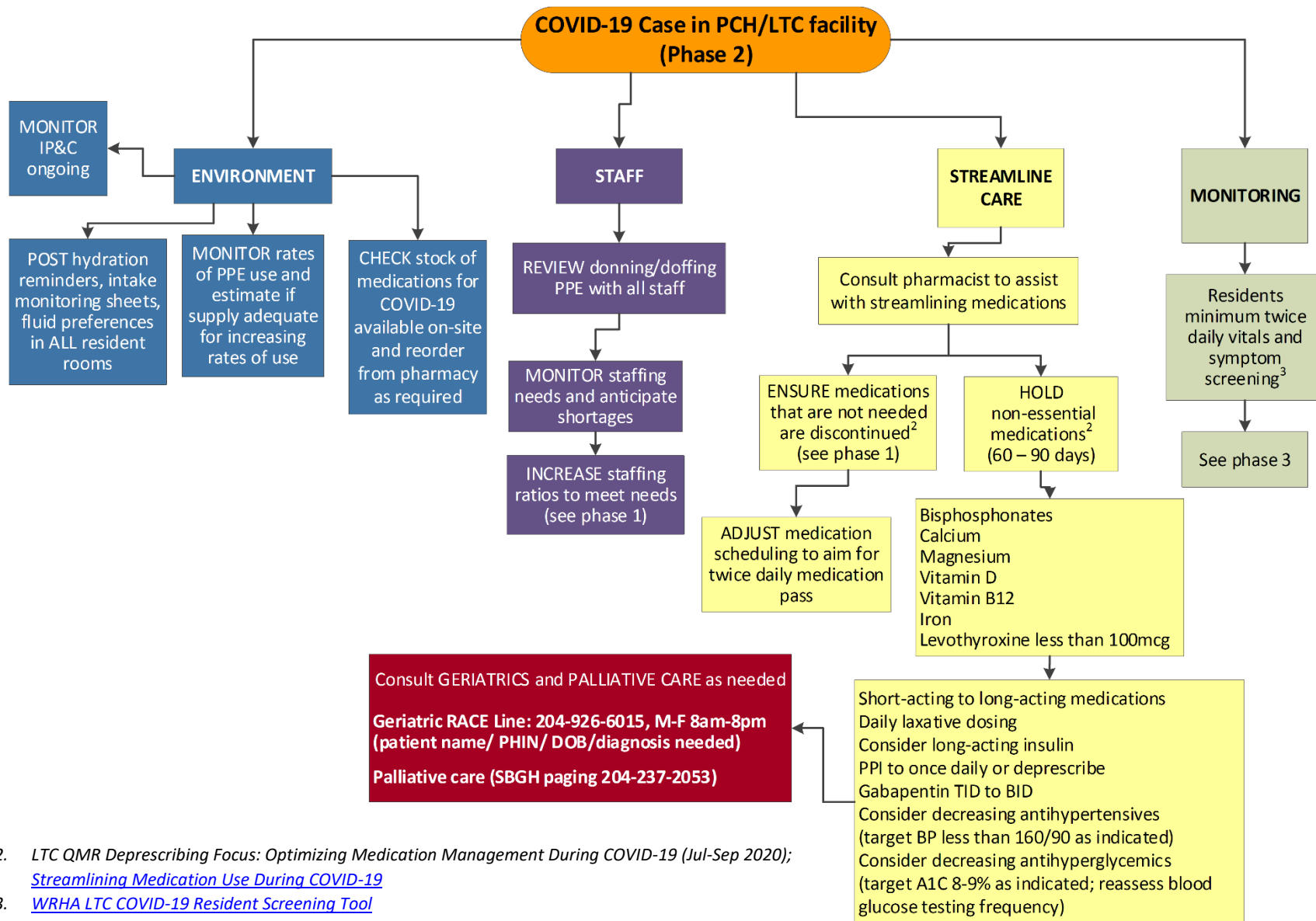
- Provide educational review related to nutrition and hydration
 - Staff are to be familiar with oral intake monitoring tools used in the PCH including expectation when and how to complete both in every day practice and what changes when in outbreak status (e.g. tracking of oral intake immediately after each meal rather than waiting until end of day)
 - Communication process in place for early identification when resident oral intake has changed (each staff person is clear in their role)
 - Refer to the WRHA Nutrition and Hydration package: [COVID-19 Resources for WRHA Long Term Care - WRHA Professionals](#)
- Plan related to dehydration concerns
 - Provide education on recognizing signs/symptoms of dehydration for direct care staff
 - Review guidelines related to subcutaneous device insertion and use for medication and fluids <https://professionals.wrha.mb.ca/covid-19/long-term-care/>
 - Educate nurses on skill of starting and monitoring hypodermoclysis (HDC) to ensure competency
 - o Ensure supplies are available and nurses are aware of how to access
 - o Ensure nurses are aware of required documentation (ins and outs)
 - Educate staff on what to monitor for residents receiving HDC
- Provide education review on clinical assessment skills as needed such as: [COVID-19 Resources for WRHA Long Term Care - WRHA Professionals](#)



- Respiratory assessment
- Delirium (hypoactive and hyperactive)
- COVID signs and symptoms – both typical and atypical
- Identifying change in condition
 - o What are the vital signs telling you? Do they match what you are observing and your physical assessment?
- Dementia care strategies
- Depression
- Abdominal assessment
- Review current stock of clinical supplies and how to order (e.g. oxygen, concentrators, subcut, etc...)
- Review regular medications at the quarterly medication review and look for opportunities to streamline
 - LTC QMR Deprescribing Focus: Optimizing Medication Management During COVID-19 (July-Sep 2020)
 - Streamlining Medication Use During COVID-19 <https://sharedhealthmb.ca/files/covid-19-streamlining-medication-use.pdf>
 - Optimizing Medication Management during the COVID-19 Pandemic <https://www.pharmacy.umaryland.edu/centers/lamy/optimizing-medication-management-during-covid19-pandemic/>
- Review the [WRHA LTC COVID-19 Medications Prescriber's Order Sheet](#) with nurses
 - Review where medications are located and how to reorder

Staffing Review and Planning

- Review [Long Term Care Staffing – Proactive Measures, Response, and Resources](#)
- Review site Incident Command structure and delegates for key leadership roles
- Medical Director to ensure rotation for physician/NP coverage is established as per the *Roles & Responsibilities of Medical Leadership & Medical Staff during a Pandemic/Serious Outbreak*
- Review orientation information for redeployed nurses and HCAs [COVID-19 Resources for WRHA Long Term Care - WRHA Professionals](#)



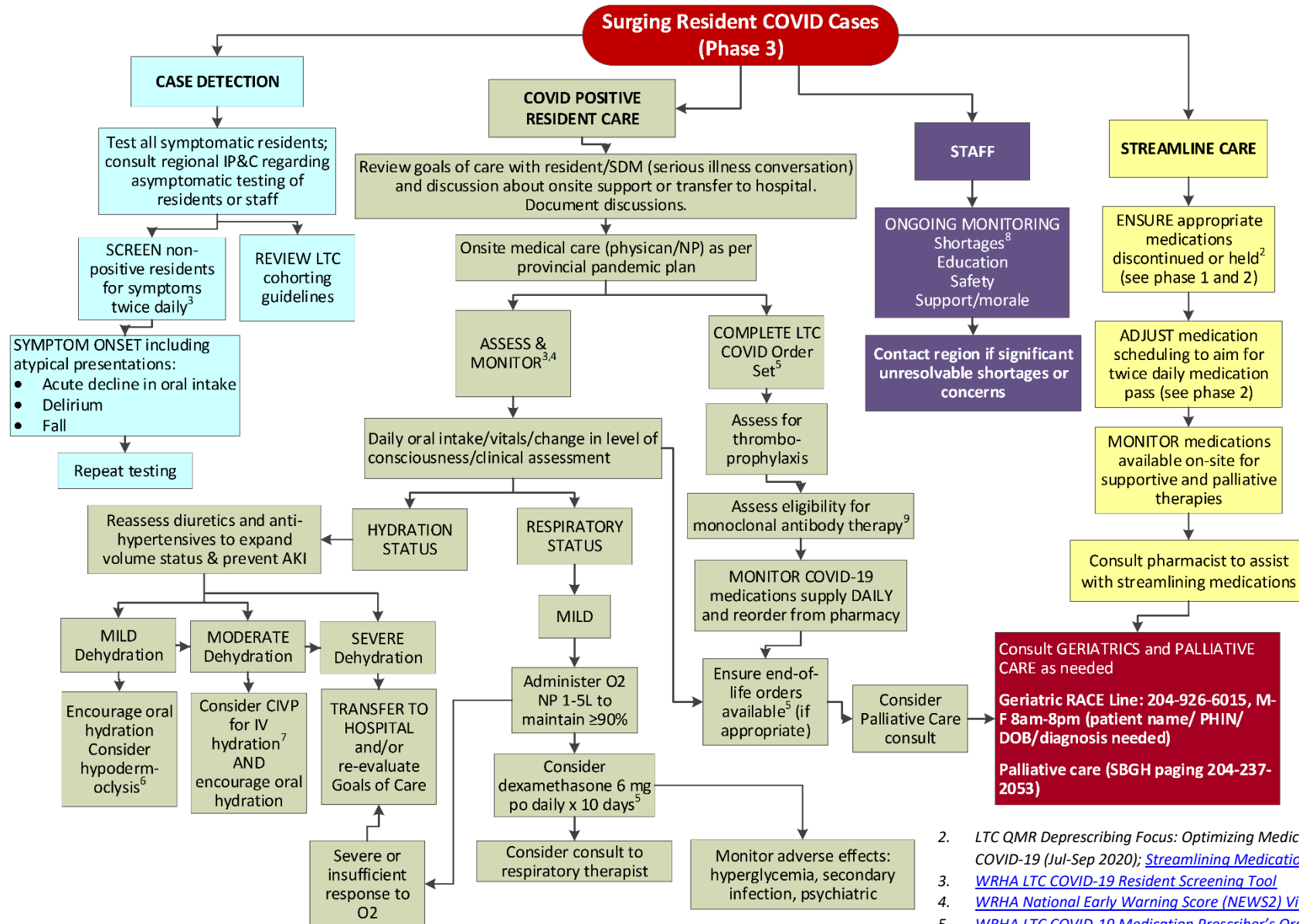
2. [LTC QMR Deprescribing Focus: Optimizing Medication Management During COVID-19 \(Jul-Sep 2020\); Streamlining Medication Use During COVID-19](#)
 3. [WRHA LTC COVID-19 Resident Screening Tool](#)

CHECKLIST for “COVID-19 Case in the PCH/LTC Facility” (Phase 2)

- Reinforce importance of ongoing vigilance in identifying signs symptoms, particularly atypical signs (e.g. unexplained falls, lethargy, decreased appetite)
- Review expectations related to assessment and documentation for COVID positive residents, high risk and low risk contacts of a positive case (e.g. twice daily monitoring with the [LTC COVID-19 Resident Screening Tool](#))
- Confirm and post the resident fluids and required diet texture (e.g. *Encourage Food and Fluids* poster posted in each resident’s room or door)
- Active monitoring of oral intake and dehydration
 - Consider options for management of dehydration (e.g. increasing oral intake, hypodermoclysis, reassessing medications contributing to dehydration, and need for CIVP)
- Initiate the [WRHA LTC COVID-19 Medications Prescriber’s Order Sheet](#) for residents confirmed COVID-19 positive
 - Assess for thromboprophylaxis
 - Assess eligibility for [monoclonal antibody therapy](#)
 - Check stock of medications for COVID-19 available on-site and reorder from pharmacy as required
- Review and evaluate resident quarantine/isolation strategies and adjust if not effective
- Ongoing review and reinforcement of IP&C practices both on unit and other areas of building
- Focused reassessment of regular medications to look for opportunities to streamline medication passes
- Review and evaluate communication strategies and adjust if not effective
- Review regional supports available and how to access
 - Palliative care
 - CIVP
 - Allied Health (e.g. respiratory therapy, dietitian, pharmacist, OT, PT, SLP)
 - GMHT & Geriatric Medicine RACE
- Promote vaccination among residents and staff that are currently unvaccinated, partially vaccinated or eligible for a booster
- Review pathway for Phase 3 “Surging Resident COVID Cases” to review caring for COVID positive residents

Staffing Review and Planning

- Review [Long Term Care Staffing – Proactive Measures, Response, and Resources](#)

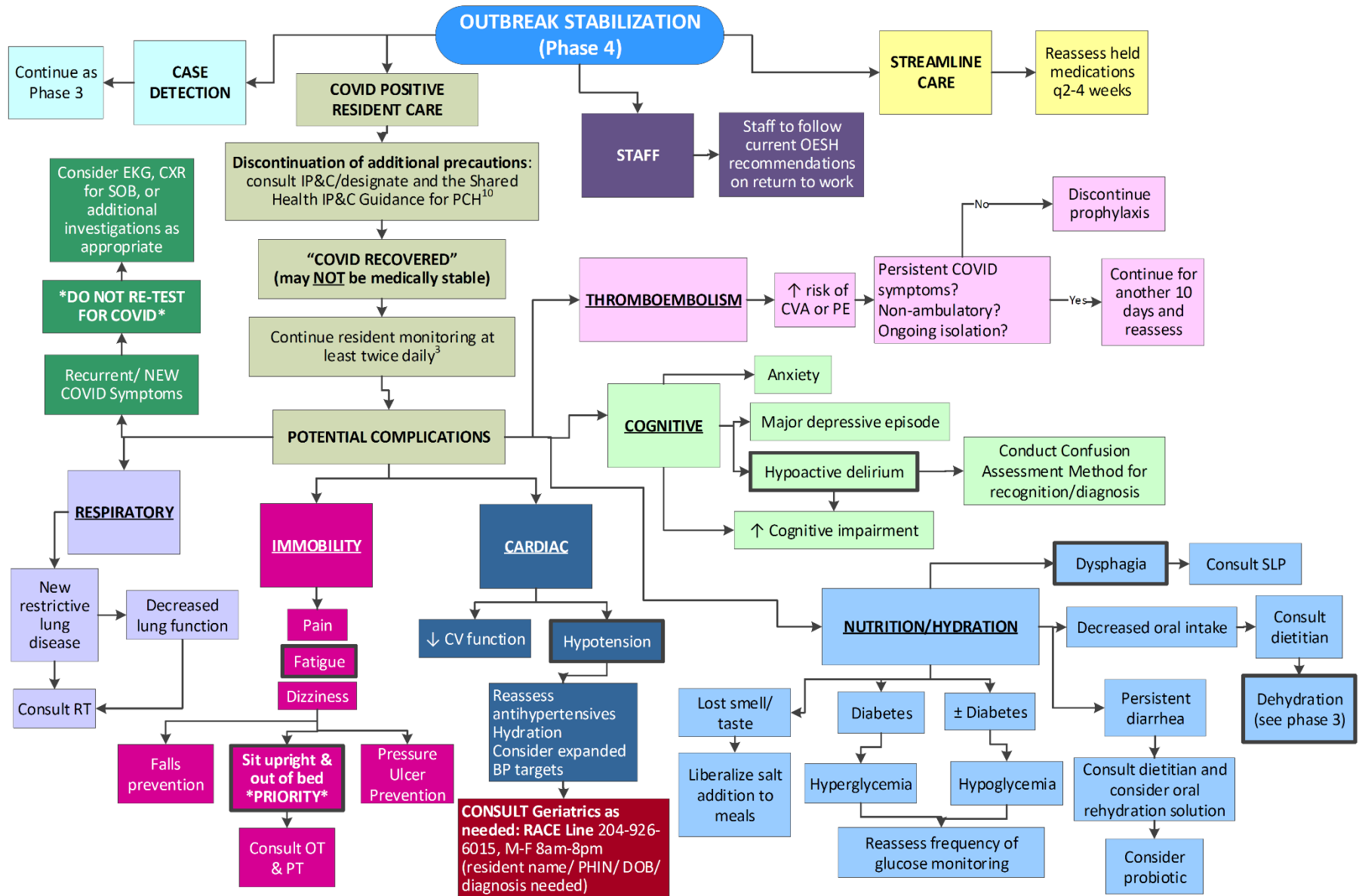


2. LTC QMR Deprescribing Focus: Optimizing Medication Management During COVID-19 (Jul-Sep 2020); [Streamlining Medication Use During COVID-19](#)
3. [WRHA LTC COVID-19 Resident Screening Tool](#)
4. [WRHA National Early Warning Score \(NEWS2\) Vital Signs Record](#)
5. [WRHA LTC COVID-19 Medication Prescriber's Order Sheet](#)
6. [WRHA LTC Guideline Hypodermoclysis via Indwelling Subcutaneous Device](#)
7. [Complete CIVP Urgent Hydration Referral Form](#)
8. [Long Term Care Staffing – Proactive Measures, Response, and Resources](#)
9. [Monoclonal Antibody Treatment](#)



CHECKLIST for “Surging Resident COVID Cases” (Phase 3)

- Continuing actions from phase 2 as new cases are identified and/or new units involved
- Monitor COVID-19 medications supply DAILY and reorder from pharmacy as required
- As residents move from active to recovered status, review with all staff that ‘recovered’ residents require ongoing monitoring for 2 weeks.
- Review pathway for Phase 4 “Outbreak Stabilization” to review post COVID care monitoring and assessment requirements



3. [WRHA LTC COVID-19 Resident Screening Tool](#)

10. [Shared Health COVID-19 Infection Prevention and Control Guidance for Personal Care Homes](#)



CHECKLIST for “Outbreak Stabilization” (Phase 4)

- Continuing actions from phase 2 & 3 as new cases are identified and/or new units involvement
- Engage allied health professionals in resident COVID recovery (e.g. respiratory therapy, dietitian, pharmacist, OT, PT, SLP)
- Give/send families and caregiver the [Care After COVID-19: Information for Families and Caregivers handout](#)
- Reevaluate the resident’s current clinical status and update care plan accordingly
- If suspended, resume regular resident assessments (e.g. quarterly care plan review, MDS assessments, restraint reassessment)
- Consider using [LTC Program Outbreak Recovery Plan template](#)