

COVID-19 Long-Term Care Outbreak Management

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Table of Contents

- IPAC Leadership
- Rounding & Auditing
- Education
- Screening
- PPE & Hand Hygiene
- Congregate Settings
- Isolation Practices
- Environmental Cleaning
- PPE Supply Management
- Testing & Contact Tracing
- Communications




IPAC Leadership

- On-site outbreak lead
 - Outbreak management with transition to home
 - Knowledge assessment
 - Audits and assessment
 - Staff engagement
 - Rounding
 - Education
 - Utilization of best practice guidelines and directives
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Rounding & Auditing

- Daily rounding with supervisors/leadership
- Daily rounding on care areas with frontline staff
- Educator led huddles with unit staff
- Development of audit tools and data collection
- Training of auditors
- Audits
 - Break rooms
 - Change rooms
 - PPE donning/doffing
 - Hand Hygiene
 - Signage

Education

- Daily huddles
 - PPE, Additional Precautions, Routine Practice, Outbreak management
 - On the spot feedback while auditing
 - Education and engagement of registered and non-registered staff
 - Core IPAC training
 - Adult learning and auditing training
 - Outbreak management
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Screening

- Separated Entry/Exit for Staff
 - Hand Hygiene - Donning Mask - Hand Hygiene
 - Developed process for failed staff screening
 - Provide sick time to staff (STI) waiting for test results and resolution
 - Screening and cohorting to units. Developed sound education for Screeners for consistency
 - Established sound IPAC practices in the staff change rooms:
Clean/Dirty sides
 - Increase Frequency of Audits and Education
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PPE & Hand Hygiene

- Signage: Donning/Doffing & PPE
- Ensuring Proper Supply of PPE
- Increase ABHR Dispensers Throughout the Facility
- AUDITS AND EDUCATION



Congregate Settings

Break Rooms

- Designated Break Rooms for Each Unit
- Staggered Breaks, socially distant, number of people is limited based on size, taped areas, cleaning products available, PPE station on exit

Change Rooms

- Process Flow – Scrubs, Cubicles, Mask in Place at All Times, Lockers to Avoid Item to Unit



Congregate Settings

Resident's Communal Dining

- Immediately Stopped Communal Dining
- Residents were Fully Isolated to their Rooms
- Tray Service and Disposable Trays/Place Settings Used




Smoking Areas

- Multiple Areas Designated to 1 Person per Area, Signage, Hand Sanitizers in Each Space
- Increase Frequency of Audits and Education



Isolation Practices

- Based on Causative Agent
 - Individuals Who are Symptomatic will be Isolated to their Room(s), Cohorting Residents and Staff
 - PCRAs are Conducted Regularly, Assessment of Residents
 - Residents Cohorted as per COVID Status
 - Staff Cohorted Based on Unit COVID Status and Resident COVID Status (ie PSW assignments)
 - Movement is Only done for Safety and Baseline Staffing Issues; it is Tracked and Done with the Involvement of Management
 - Increase Frequency of Audits and Education
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Environmental Cleaning

- Reduce the Amount of Clutter and Terminal Cleaning of Rooms
- Remove Unnecessary Furniture and Equipment Throughout the Facility
- Increase Cleaning Frequency of High Touch Areas
- Increase Number of Staff on Unit
- Cohort Staff to Unit
- Increase Frequency of Auditing and Education



PPE Supply Management

- Daily Inventory
- Daily Delivery
- Restocking of Isolation Carts (designated position)
- Tracking Burn Rates
- Supply on Hand for 30/60/90 Days



Testing & Contact Tracing

- Immediate Isolation and Testing of Residents with Typical / Atypical Symptoms
- Immediate Swabbing of Resident/Staff
- Maintaining the Line List: Limited Number of People Involved
- Tracking of Results: Limited to Minimal People
- Increase Frequency of Testing to Capture Variable Incubation Periods
- Contact Tracing became MUCH EASIER when Staff were Cohorted



Communications

- Daily Staff Huddles for Each Shift
- Weekly Town Halls for Both Family and Staff
- Daily Communication from General Manager to all Families and Staff Regarding Status of the Outbreak
- Designated Phone Line for Resident Families
- ‘Send-Word-Now’ sent to Staff Phones for Important Updates
- Social Worker on-site to Support Staff and Residents
- Access to EAP for Emotional Support

Town Hall Meeting



Questions

