

# COVID-19 Recovery Public Health and Infection Control Key Principles & Safety Plan For Long Term Care Settings

Updated: 3 June 2020

**Please note that VCH is taking the necessary precautions to provide the best possible care in a safe environment for our residents, visitors, staff and medical staff. Everyone needing care, regardless of COVID-19 status, is welcomed at VCH.**

Please follow Public Health guidelines and Infection Prevention & Control principles when preparing your area of work. For more information, please visit <http://www.vch.ca/covid-19> or the IPAC website at <http://ipac.vch.ca/Pages/Emerging-Issues.aspx>.

This guidance document is only to be followed when there is NO outbreak in the home, in the event of an outbreak follow restrictions in accordance with advice **and direction from the local Medical Health Officer**.

*Please note: amendments to this document will occur as COVID-19 recovery phases evolve.*

<b>Name of Facility:</b>	
<b>Address:</b>	
<b>Date of Creation / Last Review:</b>	

**To create your COVID-19 Key Principles & Safety Plan, please follow the instructions below:**

- Review each of the element in this document with a JOHSC member/safety representative or if not available with a frontline staff member.
- Within the coloured box mark **“Y”** if the facility/department/program plan to implement the recommendation and N/A if not applicable. Complete any check boxes or blank fields as required. Provide brief comments to describe the implementation at your site. *You may refer to other documents with more detail where applicable.*

Examples:

Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a> .	Y
Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a> .	N/A

- Communicate your safety plan to your team and post in an area that is easily accessible. **The safety plan must be posted as per the PHO order (i.e. on the OHS Board).**
- For owned and operated VCH/PHC sites, a copy of the completed Key Principles & Safety Plan must be sent to [EmployeeSafety@vch.ca](mailto:EmployeeSafety@vch.ca) to retain as a record.

**Quick Reference:**

**1. Residents**

- a. [New Residents](#)
- b. [Recommendations for Residents going out](#)
- c. [Daily screening process](#)
- d. [Within the care home](#)

**2. Family and Friends (Visitors)**

- a. [Virtual Visits](#)
- b. [In-person Visits](#)

**3. Staff**

- a. Staff [providing direct patient care](#) (e.g., nurses, physicians, allied health and social care staff, contracted services, contracted therapy services etc.)
- b. Staff [not providing direct patient care](#) (e.g., administrative staff, managers, contracted services etc.)

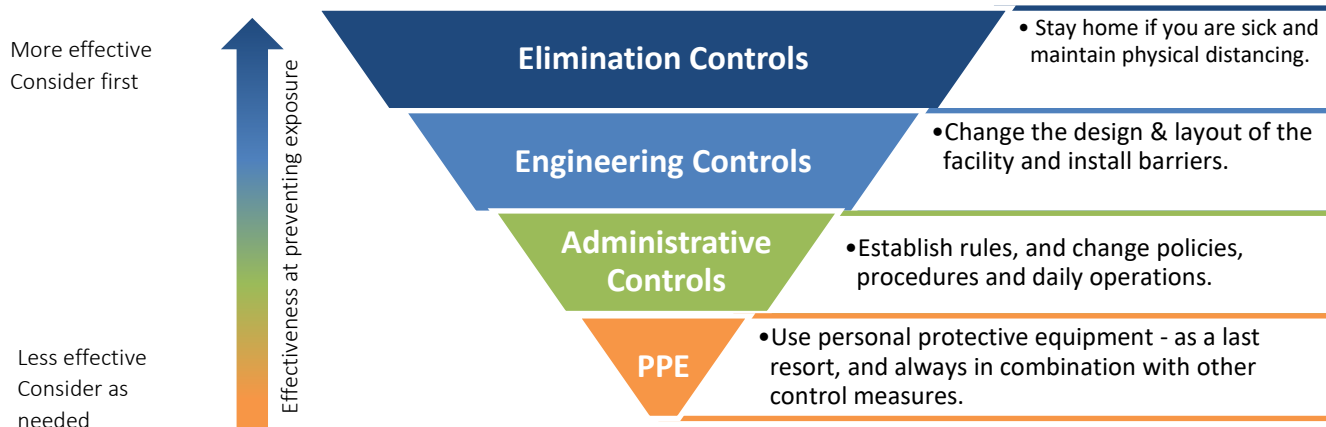
**4. Equipment/Supplies/Environment**

- a. [Elevators and stairwells](#)
- b. [Cleaning and disinfecting clinical, administrative and public areas](#)
- c. [Layout and Flow](#)

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These elements are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

The elements have been divided into leveled measures of precautions each having an increasing level of effectiveness. Please refer to the color legend below:



1. Residents	
<i>New Residents</i>	
All new residents undergo screening prior to moving in to any long term care home. - If the person is <b>COVID-19 positive</b> , please contact the local Medical Health Officer to determine action.	
Prior to entering the care home, new residents must perform hand hygiene. - <b>If wearing</b> procedural gloves remove, discard and explain hand hygiene recommendations. <i>How this is achieved:</i>	
On moving into the care home all residents are screened for COVID-19 including temperature check and are <b>required to undergo 14 days of isolation.</b>	
During Isolation, the following measures should be implemented <input type="checkbox"/> They should ideally move into a single room if available or a semi-private room with curtains drawn between beds, maintaining at least 2 metres between residents. <input type="checkbox"/> In addition to meeting care needs a plan for 1:1, in-person, scheduled and meaningful interactions with care aids and all allied staff is developed and implemented. <input type="checkbox"/> OT/PT assessments may be performed via virtual mechanisms. In-person assessment and interventions may be considered on a case by case basis when deemed essential. <input type="checkbox"/> Support virtual visits with loved ones.	
For residents who have having difficulties being in isolation or are unable to adhere to isolation instructions, please contact the <a href="#">VCH/PHC Response Coordination Group</a> .	
<i>Recommendations for going out of care home</i>	
<b>A) Going out for medical treatments or procedures at another location (no admission to hospital)</b>	
Prior to leaving and on return home, residents should perform hand hygiene. - There is no requirement for residents to wear procedural gloves when going out. <b>If a resident returns wearing</b> procedural gloves remove and discard prior to hand hygiene.	
On return home, perform in-person screening (including a temperature check) and assist the resident change into another set of clothes.	
Residents returning home with no clear exposure to a known COVID-19 positive case <u>and</u> without signs or symptoms of COVID-19 are <b>not required to undergo 14 days of isolation.</b>	
Provide resident with freshly laundered clothing prior to leaving the care home.	
<b>B) Going for medical treatments or procedures requiring admission to hospital</b>	
Prior to leaving and on return home, residents must perform hand hygiene. - There is no requirement for residents to wear procedural gloves when going out. If a resident returns wearing procedural gloves remove and discard prior to hand hygiene.	
On return home, perform in-person screening (including a temperature check) and assist the resident change into another set of clothes.	

On return home, the resident <b>is required to undergo 14 days of isolation.</b>	
<p>During Isolation, the following measures should be implemented</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> They should ideally move into a single room, if available or a semi-private room with curtains drawn between beds, maintaining at least 2 metres between residents.</li> <li><input type="checkbox"/> In addition to meeting care needs a plan for 1:1, in-person, scheduled and meaningful interactions with care aids and allied staff is developed and implemented.</li> <li><input type="checkbox"/> OT/PT assessments may be performed via virtual mechanisms. In-person assessment and interventions may be considered on a case by case basis.</li> <li><input type="checkbox"/> Support virtual visits with loved ones.</li> </ul>	
- For residents who have having difficulties being in isolation or are unable to adhere to isolation instructions, please contact the <a href="#">VCH/PHC Response Coordination Group</a> .	
Provide resident with freshly laundered clothing prior to leaving the care home.	
<b>C) Going Out for leisure or social activities</b>	
<p>Prior to leaving and on return home, residents must perform hand hygiene.</p> <ul style="list-style-type: none"> <li>- There is no requirement for residents to wear procedural gloves when going out. If a resident returns wearing procedural gloves remove and discard prior to hand hygiene.</li> </ul>	
On return home, perform in-person screening (including a temperature check) and assist the resident change into another set of clothes.	
Residents with no clear exposure to a known COVID-19 positive case <u>and</u> without signs or symptoms of COVID-19 are <b>not required to undergo 14 days of isolation.</b>	
Provide resident with freshly laundered clothing prior to leaving the care home.	
<b>D) Authorized temporary absence from the care home e.g. Staying with family</b>	
<p>Prior to leaving and on return home, residents must perform hand hygiene.</p> <ul style="list-style-type: none"> <li>- There is no requirement for residents to wear procedural gloves when going out. If a resident returns wearing procedural gloves remove and discard prior to hand hygiene.</li> </ul>	
On return home, perform in-person screening (including a temperature check) and assist the resident change into another set of clothes.	
On return home, the resident <b>is required to undergo 14 days of isolation.</b>	
<p>During Isolation, the following measures should be implemented</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> They should ideally move into a single room if available or a semi-private room with curtains drawn between beds, maintaining at least 2 metres between residents.</li> <li><input type="checkbox"/> Continue routine practices for dishes and laundry and regularly screen for symptoms.</li> <li><input type="checkbox"/> In addition to meeting care needs a plan for 1:1, in-person, scheduled and meaningful interactions with care aids and allied staff is developed and implemented.</li> <li><input type="checkbox"/> OT/PT assessments may be performed via virtual mechanisms. In-person assessment and interventions may be considered on a case by case basis.</li> <li><input type="checkbox"/> Support virtual visits with loved ones.</li> </ul>	
- For residents who have having difficulties being in isolation or are unable to adhere to isolation instructions, please contact the <a href="#">VCH/PHC Response Coordination Group</a> .	
Provide resident with freshly laundered clothing prior to leaving care home.	
<b>Daily screening process</b>	
<p>Residents are screened and assessed for symptoms on an ongoing basis.</p> <ul style="list-style-type: none"> <li>• Refer to the screening process provided by the <a href="#">BCCDC</a>.</li> <li>• In the event of an Outbreak in the care home. Screening tools to be provided by the outbreak response team in coordination with Public Health.</li> </ul>	

<p>Swab residents <b>with signs or symptoms of COVID-19.</b></p> <ul style="list-style-type: none"> <li>- Symptoms include (but are not limited to): fever, new cough or worsening of chronic cough, difficulty breathing or shortness of breath.</li> <li>- Place on droplet and contact precautions and alert staff. <ul style="list-style-type: none"> <li>• <u>If positive</u>, follow the direction of your local Medical Health Officer.</li> <li>• <u>If negative</u>, resident should be evaluated by the care home physician or nurse practitioner to determine alternative diagnosis and whether further work-up for COVID-19 is required despite negative test.</li> </ul> </li> </ul>	
<p><b>Only residents positive for COVID-19 or on isolation are to wear a surgical/procedure mask when leaving their room.</b></p> <p><b><i>Within the care home</i></b></p>	
<p>Engage family and residents in education on physical distancing, infection prevention and control, hand hygiene, respiratory etiquette and maintaining social connection with residents in the care home safely.</p>	
<p>When accessing common spaces (e.g., dining room, shared activity areas, media lounges, outdoor smoking areas), residents must perform hand hygiene and maintain 2 metres of physical distance or ensure appropriate environmental controls are in place.</p>	
<p>Respiratory etiquette must be followed, including cover cough and sneeze and avoid touching the face, mouth, nose and eyes.</p> <ul style="list-style-type: none"> <li>- For residents who are having difficulties being in isolation or are unable to adhere to isolation instructions, please contact the <a href="#">VCH/PHC Response Coordination Group</a> for support and advice.</li> </ul>	

## 2. Family and Friends (Visitors)

**Please note: Any Public Health Orders currently in place supersedes all recommendations below** (to view orders, visit <http://www.vch.ca/covid-19> and review all Long Term Care documents under “Orders.”)

### ***Virtual visits***

**Family/friends should be provided with alternatives to in-person visits, where possible.**

**Action:** Care home to define a process and criteria for virtual visits (priority of residents/conditions, timing, and storage etc.)

If needed, information on “Guidelines for Cleaning and Disinfection of Tablets” can be accessed [here](#).

### ***In-person visits***

To reduce risks of COVID-19 for patients, clients, family, residents and staff, virtual visits should be prioritized over in-person visits. Exceptions can be made for compassionate reasons. Please refer to the [VCH Visitors Policy](#).

Public access to care homes must be controlled and staffed to ensure risk mitigation measures can be safely adhered to.

**Action:** Care home to maintain a list of all visitors (7 days a week, 24 hours a day).

**Action:** Provide all visitors with an [information handout about COVID-19](#).

Risk mitigation measures for all visitors:

1. All visitors are encouraged to self-assess prior to visiting the care home. If symptomatic visitors should not visit in person and follow public health guidance.

<p>2. On arrival all visitors are subject to symptom screening, if showing symptoms compatible with COVID-19 or a recent history of exposure to COVID-19 (within last 14 days) are advised to self-isolate and seek medical advice regarding testing. Offer virtual methods of visiting.</p> <p>3. All visitors will be provided with a surgical/procedure mask that is to be worn for the duration of the visit.</p> <p>4. Visits can occur in the resident’s room or outdoors in patio or garden spaces.</p>	
<p>On arrival, visitors must perform hand hygiene. Procedural gloves must be removed and discarded prior to performing hand hygiene.</p> <p><u>How this is achieved:</u></p>	
<p>Throughout the visit, respiratory etiquette must be followed, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and masks.</p>	
<p>For residents with active or suspected COVID-19:</p> <ul style="list-style-type: none"> <li>- Visitors must don appropriate PPE supplied by the care home (contingent on accessibility and availability).</li> <li>- Care home to consult with the local Medical Health Officer prior to visit.</li> <li>- Frontline staff will provide education on how to safely put on and remove PPE.</li> </ul>	

<h3>3. Staff</h3>	
<p><i>Staff providing direct care (e.g., care aides nurses, physicians, allied health care staff, contracted services, contracted allied health care staff etc.)</i></p>	
<p><b>Please note: Any Public Health Orders currently in place supersedes all recommendations below</b> (to view orders, visit and review all Long Term Care documents under “Orders.”)</p>	
<p>Staff should not come to work with COVID-19-like symptoms.</p> <ul style="list-style-type: none"> <li>- If staff/medical staff develop symptoms consistent with COVID-19 while at work, they should don a surgical/procedure mask, complete any essential tasks, notify manager if appropriate, then leave work.</li> <li>- Staff/medical staff are to also call the Provincial Workplace Call Centre (1-866-922-9464).</li> <li>- Testing is strongly recommended, and timing for return to work will be determined by Public Health.</li> </ul>	
<p>Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If not possible, maintain physical distancing.</p>	
<p>Staff are encourage to be mindful and plan interactions with other staff members and residents throughout day.</p>	
<p>At the beginning of their shift, all staff are to undergo a <a href="#">daily screening questionnaire</a> and temperature check.</p> <ul style="list-style-type: none"> <li>- If staff have been away from work for more than 14 days, an <a href="#">enhanced screening questionnaire</a> must be completed 72 hours prior to their first shift. The completed questionnaire should be submitted to their Director of Care or Manager.</li> </ul> <p><b>Action:</b> Care home to record staff/medical staff temperatures.</p> <p><b>Action:</b> Care home to maintain a list of all staff/medical staff (7 days a week, 24 hours a day).</p> <ul style="list-style-type: none"> <li>- Management must ensure staff who have a long period of absence are provided an update of current recommendations see IPAC and Long Term Care Toolkit</li> </ul>	

<p>All staff are to undergo a second temperature check during their shift.</p> <ul style="list-style-type: none"> <li>- While there is not prescribed time for when the temperature check is to occur, we suggest half way through or at the end of the shift.</li> </ul> <p><b>Action:</b> Care home to record staff/medical staff temperatures.</p>	
<p>Recommend continuing controlled access with specific staffed entry points for public access.</p> <p><b>Action:</b> Care home to maintain a list of all visitors (7 days a week, 24 hours a day).</p> <p><b>Action:</b> Provide all visitors with an <a href="#">information handout about COVID-19</a>.</p>	
<p>Staff must practice effective hand hygiene before, during and after each episode or provision of care – cleaning their hands with soap and water or an alcohol-based hand sanitizer.</p> <p><u>How this is achieved:</u></p>	
<p>Staff must follow respiratory etiquette, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and mask. Perform hand hygiene if mask is touched/removed/adjusted.</p>	
<p>Staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment.</p> <p>Assigned rooms and areas to be implemented to reduce travel.</p>	
<p>Staff must clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a>. For shared work spaces, staff should clean and disinfect space before and after use.</p>	
<p>Staff should limit the exchange of papers. If documents must be exchanged, leave them on a clean surface.</p>	
<p>No sharing of pens and other office equipment.</p>	
<p>No handshakes and any other physical contact with others. Where feasible, maintain 2 meters of distance between others.</p>	
<p>No sharing of food and snacks.</p>	
<p>Staff must follow <a href="#">Dress Code Guidelines for Long-Term Care</a> including designated work clothing and change when going home.</p> <p>Consider showering prior to going home. Clothing to be removed and laundered.</p>	
<p><b>Staff not providing direct patient care (e.g., administrative staff, contracted services etc.)</b></p>	
<p><b>Please note: Any Public Health Orders currently in place supersedes all recommendations below (to view orders, visit <a href="http://www.vch.ca/covid-19">http://www.vch.ca/covid-19</a> and review all Long Term Care documents under “Orders.”)</b></p>	
<p>Staff should not come to work with COVID-19-like symptoms.</p> <ul style="list-style-type: none"> <li>- If staff/medical staff develop symptoms consistent with COVID-19 while at work, they should don a surgical/procedure mask, complete any essential tasks, notify manager if appropriate, then leave work.</li> <li>- Staff/medical staff are to also call the Provincial Workplace Call Centre (1-866-922-9464).</li> <li>- Testing is strongly recommended, and timing for return to work will be determined by Public Health.</li> </ul>	
<p>Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If not possible, maintain physical distancing.</p>	
<p>Staff must perform frequent hand hygiene.</p> <p><u>How this is achieved:</u></p>	
<p>Staff must follow respiratory etiquette, including cover cough and sneeze and avoid touching the face, mouth, nose, and eyes. Perform hand hygiene if mask is touched/removed/adjusted.</p>	

Staff must clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a> .	
Staff should limit the exchange of papers. If documents must be exchanged, leave them on a clean surface.	
No sharing pens and other office equipment.	
No handshakes and any other physical contact with others. Where feasible, maintain 2 meters of distance between others.	
No sharing food and snacks.	
For the most up-to-date PPE recommendations, refer to the IPAC document for <a href="#">Community Settings</a> (includes LTC). - <u>Other considerations</u> : A surgical/procedure mask is not required when preparing meals in the kitchen. A surgical/procedure mask is required when serving meals in resident care area.	

4. Equipment/Supplies/Environment	
Only Certified Guide or Service animals to be brought into care homes when required.	
HVAC systems should be examined to reduce recirculation of air in both clinical and non-clinical areas.	
<i>Elevators and stairwells</i>	
Encourage staff who are able to use stairwells while maintaining physical distance reduce elevator crowding.	
Physical distancing is encouraged in elevators. - Elevator occupancy number will vary according to size of the elevator and physical distancing requirements. Use of masks may allow for increased occupancy. • Recommendations to consider: o Small Elevator – 2 people maximum o Large Elevator – 4- 6 people maximum o Post signs outside of elevators with recommended occupancy o Place signage eg footprints on floor of elevator to guide distancing.	
<i>Cleaning and disinfecting clinical, administrative and public areas</i>	
De-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.	
<i>Cleaning clinical areas.</i> - The units within the care home require daily enhanced cleaning. Refer to <a href="#">VCH/PHC's LTC Enhanced Cleaning guidance document</a> . - Dedicate equipment and supplies to a single client/resident, where possible; and clean and disinfect equipment upon removal from room. - When possible, single use equipment and supplies are recommended. - Common areas and high-touch surface areas should be cleaned and disinfected a minimum of twice a day (6-8 hours following the daily enhanced cleaning), with a focus on high touch points such as seating areas, doors, handrails, light switches, door handles, toilets, taps, handrails, phones, keyboards, and counter tops. - For cleaning, disinfecting and frequency of equipment instructions, refer to the <a href="#">Infection Prevention and Control Master Equipment Cleaning and Disinfection Manual</a> and/or refer to the facilities manual for specific equipment/supplies cleaning recommendations.	
<i>Cleaning other clinical areas</i> - Other clinical areas such as lunch rooms, lounges, and offices on the unit should be cleaned and disinfected on a daily basis, and when needed.	



<i>Cleaning Administrative Offices</i>	
- Continue routine department practices for cleaning and disinfection.	
<i>Cleaning Public Areas</i>	
- Public areas, such as hallways and stairways, should be cleaned and disinfected on a daily basis, and when needed.	
All staff are recommended to clean and disinfect their own or shared work space following the <a href="#">IPAC Guidelines</a> .	
<b>Layout and flow</b>	
Recommend using automatic door plates, where available.	
Hand hygiene stations should be available and easily accessible at doorway entrances and exits including stairwells. <b>Action:</b> Ensure appropriate hand hygiene are in place and hand hygiene products are maintained	
Staff shared spaces, common areas, shared activity areas, media lounges, outdoor smoking areas and dining room seats should be spaced to maintain a physical distancing. - Shared activities in the same space and activities with shared objects should be avoided. - If staff lounge not large enough to accommodate physical separation, consider staggered breaks or alternative break areas. - Recommendations to consider: <ul style="list-style-type: none"> <li>o All seating should be a minimum of one metre apart (least ideal) to two or more metres apart (most ideal). If this is not possible, tape off enough seating to maintain appropriate distancing.</li> <li>o Please reference VCH/PHC's <a href="#">Guidance on Physical Distancing in LTC and Assisted Living Facilities</a> for more details.</li> </ul>	
Products (e.g., creams, lotions) are dedicated to a single user, when possible.	
Reception area, common areas and hallways should have visual cues to assist in physical distancing (two metres) and if possible, one way directional flow.	
Wherever possible, relocation of residents should be minimized.	

## 5. Other elements implemented (*as applicable*)