

COVID-19 OUTBREAK RESPONSE

A Tool Kit for Long-Term Care Facilities in Nova Scotia

Revised October 13, 2020

Previous version dated May 8, 2020

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PURPOSE

Across the province, Long Term Care Facilities (LTCF) are home to thousands of Nova Scotians who are more susceptible to acquiring COVID-19 and suffering related complications due to increased frailty, high prevalence of underlying chronic health conditions, and living in a congregate facility.

The *COVID-19 Outbreak Response Tool Kit for Long-Term Care Facilities in Nova Scotia* has been developed to support long-term care service providers in the event of a suspected or laboratory confirmed outbreak of COVID-19.

This resource is intended to provide step-by-step directions to identify, report, request supports, and safely care for residents in the long-term care setting in the event of a suspected or laboratory confirmed outbreak.

Please note that this is a supplemental addition to existing directives from the Department of Health and Wellness. These guidelines align with the [Health Protection Act Order](#) by the Chief Medical Officer of Health, the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#) and the [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#) and does not supersede them.

The contributions and assistance of the Nova Scotia Health Authority in developing this version of the Toolkit is acknowledged and is appreciated.

IDENTIFYING A COVID-19 OUTBREAK

An important step to outbreak management is understanding the current definition for a COVID-19 outbreak in a LTCF. For the current outbreak definition and symptom screening list, refer to the [COVID-19 Management in Long Term Care Facilities Directive](#).

In the context of the COVID-19 pandemic, a suspected outbreak in a LTCF must immediately prompt outbreak control measures.

SECTION 1: HOW TO PREPARE FOR AN OUTBREAK OF COVID-19

Nova Scotia Health Authority Infection Prevention and Control (IPAC) has updated guidance for Long-term Care Facilities (LTCFs) that includes the most recent direction outlined in [COVID-19 Management in Long Term Care Facilities Directive](#), see [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#).

Update staff and resident information – be ready to communicate

Be sure to have a current staff and resident contact list. This information is important to ensure facilities are prepared to quickly and effectively communicate with other staff, families, and Public Health in the event that a resident or staff member becomes ill with COVID-19 related symptoms and will expediate the screening and testing process.

Prepare your facility for COVID-19

- Set up a facility-level incident management team. Work through a number of scenarios to inform your planning and response in an outbreak.
- Minimize access points to the building.
- Ensure all staff and visitors are logged at entry and exit.
- Ensure active screening of all staff, essential visitors etc.
- Ensure masks are available (in secure location) and alcohol-based hand rub (ABHR) at each entrance.
- Ensure active screening of residents.
- Establish and communicate care protocols for when a resident first shows symptoms of COVID-19. This should enable all staff to know exactly what steps should be taken once symptoms present. See [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#).
- Develop and communicate care protocols for ongoing care of COVID-19 residents.
- Determine and communicate to staff where isolation rooms will be. If isolation rooms are not feasible due to the facility's structure, ensure staff are aware of how to isolate and separate residents within the facility's capabilities. The Nova Scotia Health Authority IPAC program to support LTC is currently in development, and contact numbers will be communicated in the near future.
- Regional care units are currently in development. Further information on how to transfer residents, etc. will be communicated in the near future.
- Locate, test and make a list of how many oxygen concentrators you have in the building
 - Make note of which vendors have supplied the oxygen concentrators currently in the facility, and have after hours/emergency contact information at hand to facilitate easy communication in the event additional concentrators are needed during an outbreak.

- ❑ Ensure you have sufficient PPE.
- ❑ Ensure there are sufficient cleaning and disinfectant supplies.
- ❑ Ensure there are sufficient hand washing supplies including soap, alcohol-based hand rub and paper towel.
- ❑ Remind your leadership team about resources on the [Nova Scotia Health Authority COVID Hub](#) and the DHW [COVID-19: Resources for Continuing Care Providers](#)
- ❑ Develop a strategy to have available resources for staff (binders, bookmark resources on desk top computers etc.)
- ❑ Prepare a list of key individuals and their telephone numbers and make the list easily accessible to those who will need it.
- ❑ Develop plans for challenges with isolating residents who wander.
- ❑ Prepare a communication strategy:
 - Service providers can find tips and templates to communicate to residents, families, staff, and the media in **Appendix D**.

Prepare your people for COVID-19

STAFFING

- ❑ Review current staffing needs and determine staffing needs should an outbreak occur. This is to ensure your facility has enough staff to manage residents and to cover staff who may need to be off work due to illness or isolation. Have a rapid hiring plan prepared.
 - Compile a list of local agencies with RNs, LPNs, and CCAs that you may be available to contract with or recruit from, if needed.
 - Consider increasing environmental service workers, or cross-training staff to ensure there are enough experienced workers on site.
 - Consider reaching out to local businesses including restaurants, schools, recreation centres, and hotels to inquire if additional housekeeping and kitchen staff might be available to hire, if needed.
 - Be prepared to accept other facilities' and/employers' or employer's staff should it be required to help your facility to maintain critical staffing levels
- ❑ In the event of an outbreak, you will likely have staff who are unfamiliar with your facility.
 - Compile a system to track new and unfamiliar staff working in your facility (i.e., those re-deployed from Nova Scotia Health Authority and/or other organizations through the Good Neighbour Protocol).
 - Create useful guides for them that summarize your LTCF community that include:
 - a brief orientation, facility overview (i.e., care units or areas), and safety precautions for staff who are new or unfamiliar to the facility
 - checklist of critical duties or responsibilities for key staff roles, that can be used in the event that someone else steps into their position
 - a summary of resident needs, medications, goals of care
 - checklists on cleaning and disinfecting the environment properly
 - Place wristbands on all residents with information such as their identification, allergies, medial conditions, medications, and goals of care.

- ❑ Develop and consider proactively developing a plan to cohort staff, if feasible, within the facility. Cohorting guidelines should:
 - be guided by Public Health guidance on risk levels pertaining to staff
 - outline cohorting guidelines for all staff including CCAs, nurses, community assistants, support services, and therapeutic/allied health, where applicable

COMMUNICATION

- ❑ Establish a process to communicate symptoms and outbreaks of COVID-19 to residents and families. Prepare the message you will give using the communications tools provided in **Appendix D**.
- ❑ Establish a process to communicate as a team should an outbreak occur. Be broad and include all staff to keep everyone up to date (including those on leave). Prepare memos ahead of time, if possible, using the provided communications tools.
- ❑ Appoint a person within your management team to direct all inquiries from concerned families about residents within your facility. Establish a central email and/or phone line to manage inquiries.
- ❑ Identify “champions” for each care unit:
 - Encourage them to meet regularly with LTCF leadership to review public health updates.
 - Encourage them to relay changes to individual units and go over any questions with the team that can be brought to leadership for discussion.
- ❑ Clarify the process (who and how) to escalate urgent clinical issues, both during and outside of Monday-Friday business hours.

TRAINING

- ❑ Implement facility-wide COVID-19 response and management scenario-based training. This training should involve more than memos or written procedures. Scenario-based training should cover the following:
 - Review COVID-19 transmission with staff.
 - Review handwashing protocols and procedures.
 - Discuss how staff can keep themselves, residents, and their families safe
 - Ensure staff can ask questions and express concerns.
 - Discuss scenarios specific to your facility. For example, if you have semi-detached rooms, how would you isolate residents? Sample facility-based scenarios can be found in *COVID-19 Response Training Scenarios* in **Appendix E**.
 - Train all staff on how to properly don/doff personal protective equipment (PPE). Do this using the Buddy System and practice different scenarios. The *Nova Scotia Health Authority Buddy Checklist* can be found in **Appendix F**.
- ❑ Determine if your facility has the capacity and skills required to perform swabbing.
 - If your facility does not have capacity within the facility, work with the Nova Scotia Health Authority and Department of Health and Wellness to identify

a solution prior to an outbreak. Contact information can be found in **Appendix G**.

- ❑ Check in with your testing facility ahead of time to be prepared for after-hours lab delivery.
 - Determine which staff are certified for specimen transportation and assign responsibility or arrange for a courier for after-hours lab specimen delivery.

Active Screening

To find the current guidance for screening, monitoring and active surveillance, please refer to the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#).

Visitors

LTCFs must follow current Public Health requirements for visitors. To find the current guidance for managing visitors to LTCFs, please refer to the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#) and the most recent Guidelines and FAQs for Long-Term Care Facilities in Nova Scotia on the [Nova Scotia Department of Health and Wellness, COVID-19: Resources for Continuing Care providers](#) website.

Volunteers

If volunteers are permitted as visitors to LTCFs by the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#), facilities may establish or leverage existing volunteer teams to support the facility, as the facility determines appropriate. Volunteers are subject to the same Public Health requirements as visitors. All volunteers must receive up to date information and education on COVID-19 transmission, routine practices including hand hygiene, respiratory etiquette, physical distancing, and proper use of PPE.

SECTION 2: WHAT TO DO AT THE BEGINNING OF AN OUTBREAK (FIRST 24 – 48 HOURS)

This section is intended to help you navigate an outbreak of COVID-19 at your LTCF. While not necessary to complete in sequence, this list can help you track your progress as you complete activities that help you protect staff and residents, and effectively communicate during an outbreak.

Report the suspected COVID-19 outbreak

The following agencies must be notified immediately when the **first** staff or resident is exhibiting symptoms of COVID-19 is identified in a facility:

- Nova Scotia Health Authority Public Health
- Nova Scotia Health Authority Continuing Care
- DHW Investigation and Compliance Licensing Office
- Medical Director of the facility

REPORTING TO PUBLIC HEALTH (NOVA SCOTIA HEALTH AUTHORITY)

In the event of a suspected COVID-19 outbreak, LTCF staff must immediately notify Public Health.

Staff are to use the following directions to contact Public Health to report a suspect COVID-19 outbreak:

- 8:30 am to 4:30 pm, 7 days a week** – notify your local Public Health office as per regular reporting process. Contact information for Public Health offices can be found at: <http://www.Nova.Scotia.Health.ca/public-health-offices>.

Once an outbreak has been declared in the facility, **do not notify Public Health immediately for additional** cases as they will be identified through facility line listing.

Public Health will begin contact tracing once there has been a laboratory-confirmed COVID-19 case within the facility. Follow direction from Public Health regarding notification of additional cases.

NSHA IPAC program to support LTC is currently in development and contact numbers will be communicated in the near future.

REPORTING TO CONTINUING CARE (NOVA SCOTIA HEALTH AUTHORITY)

In the event of a laboratory confirmed positive COVID-19 test (staff and/or resident), LTCF staff must contact Nova Scotia Health Authority Continuing Care.

- Monday-Friday 8:30 am – 4:30 pm: Continuing Care Zone Director
- After Hours, Weekends, and Holidays: NS Health Management On-Call (1-877-408-4394, option 4)

See the Communications Protocols for Continuing Care Sector in **Appendix G**.

REPORTING TO THE DHW INVESTIGATION AND COMPLIANCE LICENSING OFFICE (ICO)

- LTC service providers must notify ICO of an outbreak by emailing DHWICO@novascotia.ca

REPORTING TO THE MEDICAL DIRECTOR OF THE FACILITY

In the event of a suspected COVID-19 outbreak, LTCF staff must immediately notify their Medical Director, as per existing facility protocols.

Take immediate precautions after identification of a suspected outbreak

IMPLEMENT DROPLET AND CONTACT PRECAUTIONS FOR SUSPECT CASES

- Follow current guidance for COVID-19 in LTC which outlines the droplet and contact precautions required for providing resident care found in the [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#).
- Ensure staff are fully trained on droplet and contact precautions. PPE education and orientation resources can be found on the [NSHA Hub](#).
- Video for donning and doffing droplet protection can be found here: <https://vimeo.com/397525490>

BEGIN ISOLATING/COHORTING RESIDENTS AND STAFF

When there is a suspected COVID-19 outbreak in the LTCF, staff must immediately follow public health directives, which may include isolating and cohorting symptomatic and asymptomatic laboratory-confirmed cases of residents and staff and their close contacts,. This is crucial to prevent further spread of COVID-19 within the facility. Implement plans for challenges with isolating residents who wander.

Refer to [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#) for the current guidance related to cohorting residents and staff and protocols related to Viral Collection Kits.

POST SIGNAGE

Refer to the most recent guidance document on signage in the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#).

Facility-wide posters that must be posted at entrances to the building will include:

- Visitor policy
- PPE requirements
- Contact and isolation signs for appropriate residents
- Handwashing

- Physical distancing

Affected resident room posters will include:

- Laminated posters for donning/doffing PPE for droplet and contact precaution

Test to confirm the suspected COVID-19 outbreak

Staff in LTCFs must follow the testing strategy determined by Public Health for their facility.

Refer to the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#) for the most recent guidance on testing.

RCFs should discuss any issues related to swabbing capacity with Public Health, and contact their Nova Scotia Health Authority Zone Director if additional assistance is required to identify a solution.

Based on the testing strategy determined with Public Health, staff must assess the quantity of COVID-19 test kits required.

- If your LTCF is located **in the Central Zone**, staff must complete a Viral Transport Swab Kit Order Form and fax the completed form to 902-473-7971. A copy of the Viral Transport Swab Kit Order Form can be found in **Appendix J**.
- Only order the amount of viral transport swab kits you anticipate you will need for the next two weeks.
- If the LTCF is located **outside the Central Zone**, please contact your local/regional hospital laboratory through the facility switchboard. These would be the same contacts that you may use during the influenza season. A map of the main Nova Scotia Health Authority Hospital and Health Centres can be found below. [Contact numbers for local/regional hospitals can be found here.](#)

If there are concerns, staff can work with their local Public Health to complete the viral transport swab kit order form.

Administrative activities required after identification of a suspected outbreak

BEGIN LINE LISTING OF COVID-19 CASES

As soon as a resident or staff exhibits COVID-19 symptoms, staff (with the help of Public Health) must develop a line list for all symptomatic residents and staff within the LTCF.

- To find the current guidance and templates for line listing, please refer to the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#)

CONDUCT AN ASSESSMENT OF PPE

When there is a COVID-19 outbreak, staff must immediately assess the facility's supply of PPE.

- If the LTCF does not have enough PPE stock, staff must complete an Emergency PPE Request. A copy of the Emergency PPE Request Form can be found in **Appendix I**.
- The completed Emergency PPE Request must be emailed to HANS at PPerequests@healthassociation.ns.ca.

SUBMIT DAILY SITUATION REPORT TO NOVA SCOTIA HEALTH AUTHORITY

- Complete the Daily Situation Report and send to your Nova Scotia Health Authority Zone Continuing Care Response Team. Contact information is provided below:
 - wz.ccr@nshealth.ca
 - nz.ccr@nshealth.ca
 - ez.ccr@nshealth.ca
 - cz.ccr@nshealth.ca

See **Appendix H** for the Daily COVID-19 LTC Situation Report.

COMMUNICATE WITH YOUR REGIONAL CARE UNIT

- Contact them, indicate you have a suspect case, etc.

COMMUNICATE WITH EMPLOYEES, RESIDENTS, AND FAMILIES

- Identify a member of your leadership team to participate on daily calls (or as necessary) with the Nova Scotia Health Authority/DHW Zone Continuing Care Response team, led by Nova Scotia Health Authority Continuing Care. Find contact information for Continuing Care in the Communication Protocol in **Appendix G** of this toolkit.
- Communicate with impacted staff using the provided template messaging for emails or in-person dialogue.
 - Explain immediate next steps
 - Consider sequence to ensure those most directly impacted are notified first
- Prepare and distribute memo to all staff, all shifts
 - Prepare message (email and phone script) for use with residents/family of the affected neighbourhood/unit followed by residents/families from other units.
 - Speak to residents and contact families

Note: Messaging and memo templates can be found in **Appendix D**.

COMMUNICATE WITH THE PUBLIC

The Government of Nova Scotia is the sole source of comprehensive and accurate COVID-19 data and information for the public. Updated data is available at <https://novascotia.ca/coronavirus/>. In some cases, DHW needs to announce more

recent information, such as an outbreak or a death. This is only done if there is a pressing need to announce it, and if the family and staff have already been notified.

In order to avoid public confusion:

- LTCFs are not to publicly announce their data until DHW has done so.
- LTCFs may post information on their website or share information with the public or media after the DHW announcement has been made.
- LTCFs are to only communicate the information to staff, residents, and families, until DHW has made the announcement.
- DHW and Nova Scotia Health Authority communications staff will work with the LTCF to ensure service providers know, in advance, when the announcement related to their facility is being made.
- If approached by media, email covid19media@novascotia.ca for awareness, and to discuss a response. Media and social media templates to announce cases are available upon request, following a discussion to determine appropriateness and timing.

For additional contact information and communication protocols for LTCF, as well as tips for dealing with negative social media related to a COVID-19 announcement, refer to Communication Protocols for the Continuing Care Sector in **Appendix D**.

This direction aligns with communications advice from Nova Scotia Health Authority, Nova Scotia Department of Health and Wellness (DHW) and the Office of the Chief Medical Officer of Health.

Conduct a Staff Availability Assessment for the Next 48 Hours

Service providers must conduct a review of their current staff availability, taking into account any potential impacts on their operations and ability to cover shifts due to staff being required by Public Health to self-isolate.

Management must follow the following steps to ensure they have adequate staffing during a COVID-19 outbreak in the facility:

- Designate one primary lead contact for the staffing needs of the organization and one second in command or staffing back up contact person.
- Identify minimum staffing requirements to safely meet resident care (see **Appendix M**).
- Build the schedule assuming you will lose some staff as they are identified as close contacts of a laboratory confirmed residents and/staff.
- Attempt to expand staffing from within your existing staffing complement, for example:
 - Contact your union and advise that you are entering a staffing shortage and immediate scheduling changes will be required.
 - Call in all casuals and offer them full time hours.

- Increase part time staff hours to full time hours.
- consider extending shifts: convert 8-hour shifts to 12-hour shifts.
- If required and if available, use provisions in your collective agreement or employee handbook to mandate overtime and use call back.
- Bring in management with clinical skills to work in a clinical capacity.
- Use staff generally in non-traditional roles to provide support with needed tasks. For example, use physio aides to help with feeding low choking risk residents.
- Be flexible with staffing. If you have nursing staff available but not CCAs, bring the nursing staff in to work the shift.

A Template for LTCF Staff Planning can be found in **Appendix M**.

If there are any concerns regarding your facility's ability to meet staffing needs, you must inform the Nova Scotia Health Authority Zone CC Director immediately. Contact information can be found in [Section 2](#) of this document.

Monitor Resident Condition

Whether there is an outbreak or not, active screening of all residents must be done according to the [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#). In addition, staff must monitor residents, both asymptomatic and symptomatic, on an ongoing basis for any changes in their health conditions.

- If oxygen is required, service providers must notify their oxygen vendor immediately of the need for a concentrator.
- If residents require additional interventions, such as hypodermoclysis (a subcutaneous rehydration therapy) or IV therapy, service providers must work with the Nova Scotia Health Authority Zone Director to develop a plan to access the required equipment for these therapy options.

SECTION 3: ONGOING OUTBREAK MANAGEMENT (72+ HOURS)

After the first 72 hours of a suspected or confirmed COVID-19 outbreak in the LTCFs, staff must do the following:

- continue to isolate/cohort residents based on results from COVID-19 testing and Public Health direction
- continue to assess the PPE stock and make request as needed
- complete ongoing staff availability assessments for the next 7 days, based on any results of contact tracing
- continue to monitor residents, both asymptomatic and symptomatic, for any changes to their health conditions
- continue to implement screening and line listing for new symptomatic or laboratory confirmed COVID-19 cases among residents and/or staff
- continue to communicate with the LTCF's oxygen vendor of any needs for concentrators to manage resident's symptoms
- continue to communicate with staff, residents and families to provide updates

In addition, consult Public Health on the implementation of the following measures when a laboratory confirmation of COVID-19 in a resident/staff is received:

- discontinuation of admissions and transfers, including exceptions when medically necessary
- discontinuation of group programming
- discontinuation of visits to family homes
- altered food services for symptomatic residents

Direction regarding discontinuation of visitors, services or operations may be issued.

Food Services

- Prepared meals must be delivered to the room of symptomatic or laboratory confirmed COVID-19 residents.

Laundry and Waste Disposal Protocols

- Laundry and waste disposal protocols are as per facility routine practices. If possible, set up a dedicated clean and dirty/soiled utility room to service rooms with confirmed cases, and a clear process for waste management. If a soiled utility room is located on the unit, develop a plan for management of waste to include:
 - Reduced frequency of dispensing
 - Storage bins or over-door racks for PPE
 - No-touch covered garbage receptacles

Other considerations:

- Mechanism for storage and dispensing of medications to reduce risk of cross-contamination

Environmental Management

Refer to the most recent guidance on environmental management at [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#). More guidance can be found in the [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#).

Classification of End of the Outbreak

The outbreak will be declared over through direction from Public Health.

SECTION 4: CLINICAL CARE MODELS FOR LABORATORY CONFIRMED COVID-19 CASES

Clinical Resources and Decision-Making Support

Facilities can access clinical resources on the Continuing Care page of the [Nova Scotia Health Authority COVID-19 Hub](#).

During the COVID-19 pandemic, the Nova Scotia Health Ethics Network will provide ethics support to LTCFs as best they can.

- Contact Dr. Marika Warren at marika.warren@dal.ca or Krista Mleczko-Skerry at krista.mleczkoskerry@iwk.nshealth.ca with questions.
- You can access the document [Messaging about Ethics for LTC](#) on the [Nova Scotia Health Authority COVID-19 Hub](#).

Priority Care

Residents with suspected or laboratory confirmed COVID-19 will be cared for in the best possible manner. They should have their medical appointments cancelled or rescheduled, if doing so does not risk the health or well-being of the resident. This should continue until they are considered resolved or until the outbreak is declared over.

SECTION 5: END-OF-LIFE COVID-19-RELATED CARE

Palliation Care with Residents with COVID-19

To find the current guidance on palliation care for residents with COVID-19, please refer to the [Guiding Principles for a Palliative Approach to Care](#) and [End of Life Care Symptom Management Flowchart for COVID-19](#). These documents can be found on the [Nova Scotia Health Authority COVID-19 Hub](#).

Reporting a COVID-19-Related Death

In the unfortunate circumstance of a COVID-19-related death, contact Public Health.

- From 8:30 am to 4:30 pm, 7 days a week, notify your [local Public Health office](#).
- If a death occurs outside of these hours, wait until the Public Health Office resumes opening hours.

Post-Mortem Care

Refer to the most recent guidance on handling/transfer of deceased bodies at: [Nova Scotia Health Authority Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control for Long-Term Care Settings](#).

COVID-19-Related Death Communication Protocols

Service providers will be responsible for notifying the resident's family and staff. Once notified of the death within the LTCF, DHW Communications representative will contact the facility to discuss the public announcement regarding the COVID-19 death. Once family and staff are notified, DHW will make the announcement. This is only done if there is a pressing need to announce it, and if the family and staff have already been notified.

Refer to the communications messaging in **Appendix D** for more information.

SECTION 6: STAFF SUPPORTS AND RESOURCES

Physician/Nurse Practitioner Supports

Each physician and nurse practitioner, if applicable, will provide care for their assigned residents, and where possible will make use of remote care technology options unless deemed medically necessary for care to be provided in person with their care provider physically present with the resident.

Additional information on Nova Scotia Health Authority Medical Supports for LTC Medical Directors and Physicians can be found in **Appendix M**.

Supplies for Resident Care Areas

Certain supplies must be made available for staff by the LTCF.

Outside resident rooms (across the facility):

- Alcohol-based hand rub/sanitizer (storage should comply with fire safety regulations /protocols)
- Waste disposal receptacle
- COVID-19 approved disinfectant

PPE Supplies (outside resident room of suspected or laboratory confirmed COVID-19 case):

- Gloves
- Long-sleeved gowns
- Procedural/surgical masks
- Eye/face protection
- N95 mask, where required and medically necessary

Affected resident room posters:

- Laminated posters for donning/doffing PPE for droplet and contact precautions or aerosol generating procedures.

PPE Education and Orientation for Staff

- PPE education and orientation resources can be found on the [NSHA Hub](#).
- Staff must be provided with up to date information and education on routine practices including hand hygiene and proper use of PPE.
- Regular support and education should be provided to the staff on care of residents with COVID-19.
- Additional education must be provided to staff on:
 - clinical management of acute illness including monitoring of IV and O2 in the nursing home environment
 - post-mortem care

APPENDIX A: Donning/Doffing PPE

GUIDE TO REMOVING PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1 Gloves



- Outside of glove is contaminated.
- Use glove to glove, skin-to-skin technique.
- Discard in garbage

2 Hand Hygiene



Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

3 Long-sleeved gown



- Carefully unfasten ties. **DO NOT** rip off.
- Grasp the outside of the gown at the back by the shoulders and pull down over the arms.
- Turn the gown inside out during removal.
- Carefully fold into bundle.
- Place disposable gown in garbage or place non-disposable gown in laundry hamper.

4 Hand Hygiene

Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hands are visibly soiled.

5 Face/Eye Protection



- Handle only by headband or earpieces.
- Carefully pull away from the face.
- Place non-disposable face/eye protection in designated area for disinfection & disposable items in garbage.

6 Mask OR N95 Respirator



Scenario 1 - LEAVE MASK ON if wearing full face shield and mask is not visibly soiled or mask integrity is affected by moisture/ humidity. Proceed to Step 7.

Scenario 2: If you wore goggles or wearing mask with visor, mask must be removed. Do not touch front of mask, allow to fall away from face & discard.

N95 must be removed outside of room.

7 Perform Hand Hygiene

8 Exit Patient Room. Remove N95 (if applicable). Perform Hand Hygiene

9 If Applicable, Obtain New Mask or Apply Stored Mask



Developed by Infection Prevention & Control
Last revised April 19, 2020

GUIDE TO PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1 Procedure/surgical mask



Process will depend on what face/eye protection is available

Scenario 1- If goggles or full-face shield is available, leave mask on and proceed to Step 2.

Scenario 2- If mask needs to be replaced with a mask with visor or N95, perform hand hygiene, remove original mask, and store as per guidance. Proceed to Step 2.

4 N95 Respirator (if applicable)



- Required for AGMPs for patients with unknown, novel or emerging pathogens.
- Refer to manufacturer for specific donning instructions.
- Perform a 'seal check' with each use.
- N95 respirators must be 'fit tested' prior to use.

2 Hand Hygiene



Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

5 Face/Eye Protection



- Put on mask with visor or goggles or full shield as available.
- Place over the eyes or face.
- Adjust to fit
- **NOTE:** Eyeglasses are not considered protective eyewear.

3 Long-sleeved gown



- Select level of gown based on fluid exposure risk.
- Make sure the gown covers from neck to knees to wrist.
- Tie at back of neck and waist.

6 Gloves



- Put on gloves.
- Pull the cuffs of gloves over the cuffs of the gown.

FOR NOVEL AND EMERGING PATHOGENS: Initiate Contact & Droplet Precautions and wear gloves, gowns, procedure/surgical mask and face/eye protection when within 2 metres of patient.

Developed by Infection Prevention & Control-
Last revised April 19, 2020



APPENDIX B: Hand Washing Poster

PROPER HAND WASHING

Washing your hands frequently with soap and water is the best way to reduce the spread of germs.



1
Wet your hands with warm running water



2
Add soap and scrub for 15–20 seconds



3
Wash backs, thumbs, between fingers, and under nails



4
Rinse off soap under running water



5
Dry your hands with a clean towel



6
Turn off tap with a towel

When soap and water are not available, alcohol-based hand sanitizers can be used if hands are not visibly soiled.

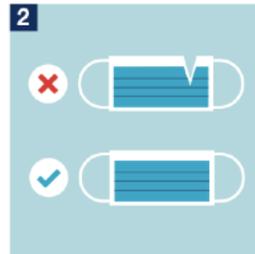

NOVA SCOTIA

APPENDIX C: How to Wear a Procedure Mask Poster

HOW TO WEAR A PROCEDURE MASK



1 Wash your hands with soap and water for 20-30 seconds or perform hand hygiene with alcohol-based hand rub before touching the face mask.



2 Check the new mask to make sure it's not damaged.



3 Ensure colour side of the mask faces outward.



4 Locate the metallic strip. Place it over and mold it to the nose bridge.



5 Place an ear loop around each ear or tie the top and bottom straps.



6 Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.



7 Press the metallic strip again to fit the shape of the nose. Perform hand hygiene.



8 Do not touch the mask while using it. If you do, perform hand hygiene.



9 Replace the mask if it gets wet or dirty and wash your hands again after putting it on. Do not reuse the mask.

Removing the Mask



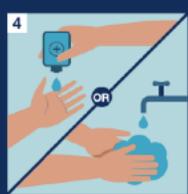
1 Perform hand hygiene.



2 Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.



3 Discard the mask in a waste container.



4 Perform hand hygiene.

These materials were adapted with permission from the BCCDC and the British Columbia Ministry of Health.



APPENDIX D: Communications Messaging and Templates

KEY MESSAGES

- Our number one priority is the safety of our residents and staff.
- Today, we received notification from Public Health that one of our **employees/residents** has tested positive for COVID-19. [Other developments: that our nursing home has an outbreak of COVID-19; today, we regret to announce that one of our **residents/employees** has died of complications due to COVID-19.
- We are following direction and advice from Public Health related to the care provided to those affected and we are working diligently to adapt to our changing circumstances and challenges.
- We are committed to keeping staff, residents and families informed about all developments related to COVID-19 and implementation of our pandemic plan.

TALKING POINTS FOR STAFF

- Today we learned that a **co-worker/resident** of our facility has tested positive for COVID-19.
- While we have been diligent in our infection prevention and control measures, we now must work even harder to prevent the spread of this virus within our home and community.
- We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation.
- We know this news is upsetting and we want you to know we are taking every measure necessary to protect the health and safety of our residents and our staff.
- Here is what you need to know [**include the details obtained from public health and any operational details from the home**]:
 - The affected **resident/employee** is in isolation
 - Public Health is involved and is providing direction and in managing this situation.
 - [**Add appropriate detail**] Public Health will follow-up with anyone deemed to have close contact with the resident/staff member. They will closely monitor the situation and will test residents and staff where appropriate. The residents who have been in close contact and their families have been contacted and we also reaching out to the residents, families and staff in the rest of our home.
- As you know, privacy and confidentiality are critically important in our work. We must always protect the privacy and health information of our residents and our colleagues.
- We want to remind you to refrain from discussing this situation with anyone who is not directly caring for this individual.

- We recognize this is a stressful time for all and knowing this virus is in our home can naturally bring a lot of fear.
- We are here for you. If you have any questions or concerns, please speak with your supervisor or with me directly.
- We appreciate your hard work and unwavering commitment to the residents and your co-workers.

MESSAGES TO RESIDENTS/FAMILY OF AFFECTED NEIGHBOURHOOD

Dear residents and families:

Today we learned that a **resident/employee** at **[nursing home]** has tested positive for COVID-19. We understand that this is difficult news to hear and we want to assure you that our first priority is **you/your** loved one's safety, as well as the safety of our staff.

We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation.

Here is what you need to know:

- The affected **resident/employee** is in isolation.
- Public Health is involved and is providing direction and support in managing this situation.
- **[Add appropriate detail]** Public Health will follow-up with anyone deemed to have close contact with the resident. They will closely monitor the situation and test residents and staff where appropriate.
- The staff of **[neighbourhood]** have been contacted and we are also reaching out to the residents, families and staff in the rest of our nursing home.

As you know, infection prevention and control measures have been in place at our home since **[date]** and we are carefully following all public health advice to ensure we continue to provide safe care. Even though we have been diligent, we now must work even harder to prevent the spread of this virus within our home and community and we appreciate your understanding and cooperation in this effort.

If you have any questions pertaining to this, please do not hesitate to contact **[name]** **[contact information]**. We will keep you informed of the situation.

Sincerely,

MESSAGES TO STAFF OR AFFECTED NEIGHBOURHOOD (ALL STAFF)

Dear Team:

Today we learned that a **co-worker/resident** of our facility has tested positive for COVID-19. While we have been diligent in our infection prevention and control

measures, we now must work even harder to prevent the spread of this virus within our home and community. We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation.

We know this news is upsetting and we want you to know we are taking every measure necessary to protect the health and safety of our residents and our staff.

Here is what you need to know:

- o the affected resident / employee is in isolation.
- o Public Health is involved and is providing direction and support in managing this situation.
- o **[Add appropriate detail]** Public Health will be follow-up with anyone deemed to have close contact with the resident with COVID-19. They will closely monitor the situation and test residents and staff where appropriate.
- o the residents and families of [neighbourhood] have been contacted and we are also reaching out to the residents, families and staff in the rest of our home.

As always, we must protect the confidentiality of our residents. Please refrain from discussing this situation with anyone who is not directly caring for this individual. Even if you are asked by friends or relatives who seem aware of the situation, we ask you politely decline the opportunity to discuss the matter.

We recognize this is a stressful time for all and knowing this virus is in our home can also naturally bring a lot of fear. We want you to know we are here for you. If you have any questions or concerns, please speak with your supervisor or with me directly.

We appreciate your hard work and unwavering commitment to the residents and your co-workers.

Sincerely,

MESSAGE TO ALL RESIDENTS/FAMILY

Dear residents and families:

We want you to be aware that a **resident/employee** of at **[nursing home name]** has tested positive for COVID-19. We understand that this is difficult news to hear and we want to assure you that our first priority is **you/your** loved one's safety, as well as the safety of our staff.

We are working closely with Nova Scotia Health Authority Authority Public Health as they conduct their investigation.

Here is what you need to know:

- The affected **resident/employee** is in isolation.

- Public Health is involved and is providing direction and support in managing this situation.
- **[Add appropriate detail]** Public Health will be follow up with anyone deemed to have close contact with the resident/employee who has tested positive for COVID-19. They will closely monitor the situation and test residents and staff where appropriate. The staff and residents who work and live in close proximity to the individual with COVID-19 have been contacted.

As you know, infection prevention and control measures have been in place at our home since March [date] and we are carefully following all public health advice to ensure we continue to provide safe care. Even though we have been diligent, we now must work even harder to prevent the spread of this virus within our home and community and we appreciate your understanding and cooperation in this effort.

If you have any questions pertaining to this, please do not hesitate to contact **[name]** **[contact information]**. We will keep you informed of the situation.

Sincerely,

MEMO TO ALL STAFF (ALL SHIFTS)

Dear Team:

Today we learned that a **co-worker/resident** at our nursing home has tested positive for COVID-19. While we have been diligent in our infection prevention and control measures, we now must work even harder to prevent the spread of this virus within our home and community. We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation.

We know this news is upsetting and we want you to know we are taking every measure necessary to protect the health and safety of our residents and our staff.

Here is what you need to know:

- o the affected **resident/employee** is in isolation.
- o Public Health is involved and is providing direction and support in managing this situation.
- o **[Add appropriate detail]** Public Health will be follow up with anyone deemed to have close contact with the resident with COVID-19. They will closely monitor the situation and testing residents and staff where appropriate. The residents and families of **[neighbourhood]** have been contacted and we also reaching out to the residents, families and staff in the rest of our home.

As always, we must protect the privacy of our residents. Please refrain from discussing this situation with anyone who is not directly caring for this individual. Even if you are asked by friends or relatives who seem aware of the situation, we ask you politely decline the opportunity to discuss the matter.

We recognize this is a stressful time for all and knowing this virus is in our home can also naturally bring a lot of fear. We want you to know we are here for you. If you have any questions or concerns, please speak with your supervisor or with me directly.

We appreciate your hard work and unwavering commitment to our residents and your co-workers.

Sincerely,

PHONE SCRIPT AND GUIDE FOR FAMILY CALLS

Depending on the situation, it is appropriate to call family members or employees, especially if email is not a reliable or trusted source of communication.

- Good afternoon/morning. My name is **[full name]** and I am calling to speak with **[name of family member / substitute decision maker]**.
- Hi **[family/substitute decision maker name]**. I'm calling from **[nursing home]** to let you know that today we learned that an **employee/resident** at **[nursing home name]** has tested positive for COVID-19. **[or if their loved one is located on the same neighbourhood: calling to let you know that today we learned an employee/resident on [neighbourhood name] has tested positive for COVID-19].**
- We know this news is upsetting and we want you to know we are taking every measure necessary to protect the health and safety of our residents and our staff.
- While we have been diligent in our infection prevention and control measures, we now must work even harder to prevent the spread of this virus within our home and community.
- We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation.
- The affected **resident/employee** is in isolation.
- Public Health is involved and is providing direction and support in managing this situation.
- **[Add appropriate detail]** Public Health will follow-up with anyone deemed to have close contact with the resident with COVID-19. They will closely monitor the situation and test residents and staff where appropriate.
- **[If speaking to a family member of resident in affected neighbourhood:]** Right now we are speaking with residents and families of **[neighbourhood]** and then we will be reaching out to the residents, families and staff in the rest of our home. **[If speaking to family of resident in nursing home but not on affected neighbourhood:]** We have been in contact with residents and families of those who have been in close contact with individual and now we are reaching out to the rest of our community.

- We are committed keeping you updated on the situation and will be calling you back/sending an email update. **[Do we have your current email address?Where would you like us to send an email?]**
- Ask if they have any questions. Ensure they have a name and contact information to direct future questions/concerns.
- Thank you for your support during this time. It is appreciated.

FRONT DOOR/SIGN IN POST

Please note, an individual at our **[nursing home]** has tested positive for COVID-19. **[Nursing home]** is home to **[number]** residents and employs **[number]** people. We are working closely with Nova Scotia Health Authority Public Health as they conduct their investigation and are taking every measure necessary to protect the health and safety of our residents and staff.

We have been in communication with all residents and their families as well as our staff. Public Health will be following up with anyone deemed to have close contact with the resident with COVID-19. They will be closely monitoring the situation and testing residents and staff where appropriate.

Our first priority is the safety of our residents and staff, and we are focused on managing this situation. We want to assure our community that infection prevention and control measures have been in place since **[date]** and we are carefully following all public health advice to ensure we continue to provide safe care.

We appreciate the understanding and support of the community.

SOCIAL MEDIA

If a LTCF administrator encounters negative posts on the facility's social media sites, including those targeted at your employees, consider the following guidelines, consistent with those followed by Nova Scotia Health Authority and the Government of Nova Scotia:

- Do not respond to posts that include personal attacks, inappropriate language, racism, sexism, etc., and take down any posts that include vulgar language (if posted on your site)
- Do not disclose or post information that would identify an individual resident, family member or staff person
- Answer legitimate questions to the best of your ability, staying within your own areas of responsibility
- Increase internal employee communication, emphasizing how much their employer and their client's value them, how everyone is pulling together in this difficult time, etc., and offer supports that are available, such as EAP

APPENDIX E: COVID-19 Response Training Scenario Examples

Scenario 1

It is the middle of the night and a staff doing rounds has noticed that one of your residents is has a fever and is coughing. The resident lives in a semi-private room and has a roommate who is not demonstrating symptoms of COVID-19. How do you respond?

Scenario 2

One of your staff members informs you that they have been tested positive for COVID-19 and are required to self-isolate for a minimum of 14 days. How do you respond?

Scenario 3

Public Health notifies you that one of your residents has tested positive for COVID-19. After working with Public Health to perform contract tracing, you now have 29 residents and 31 staff who are required to be isolated and tested. How do you respond?

Scenario 4

Public Health notifies you that one of your staff has tested positive for COVID-19 and requests you to begin contact tracing for any residents or staff that have been in close contact with the individual. Within the next hour, you have identified 16 residents and 17 staff who must be isolated and tested. It is now 5pm – how do you respond?

APPENDIX F: Buddy Checklist for Donning/Doffing PPE

note, check [NSHA Hub](#) for most current version



Buddy Checklist for Putting On & Removing PPE- Droplet & Contact Precautions for COVID-19 (Universal Masking)

Date (dd/mm/yy): _____ Department: _____

Health Care Worker (name & role): _____

Checklist for Putting on PPE	Completed (Initials)
Put on PPE immediately prior to entering the patient's room or in anteroom	
Scenario 1: If goggles or full-face shield is available- leave mask on. Proceed to Step 1.	
Scenario 2: If mask needs to be replaced with a mask with visor OR N95, perform hand hygiene, remove original mask and store as per guidance. Proceed to Step 1.	
1. Perform Hand Hygiene	
2. Inspect PPE for defects and size prior to putting on	
3. Put on Long-Sleeved Gown	
4. If applicable, put on N95 Respirator (<i>if conducting aerosol-generating medical procedure</i>)	
5. Put on Mask with Visor OR Face/Eye Protection (full face shield or goggles)	
6. Put on Gloves	
7. Ask person putting on PPE to perform a mobility test (e.g. bend, turn). Check for any exposed skin or clothing- adjust as necessary.	
Procedure for Removing PPE	Completed (Initials)
Remove PPE at doorway of patient room	
1. Remove Gloves and discard	
2. Perform Hand Hygiene	
3. Remove Long-Sleeved Gown by rolling inside out and discard or place in laundry, if reusable	
4. Perform Hand Hygiene	
5. Remove disposable Face/Eye Protection and discard (if using reusable face/eye protection-place in designated area for reprocessing)	
6. Procedure/Surgical Mask- Scenario 1: If wearing a full-face shield and mask is not soiled, did not have direct contact with patient, and is not affected by humidity/moisture- Leave Mask On. Scenario 2: If goggles or mask with visor was worn, remove mask. Discard.	
7. Perform Hand Hygiene	
8. Exit patient room.	
9. If applicable, remove N95 Respirator , discard & perform hand hygiene	
10. If applicable, obtain new mask or apply stored mask for reuse.	

Version 2- April 15, 2020
Developed by Infection Prevention and Control

APPENDIX G: Communication Protocols for Continuing Care Sector

Communications Related to the Pandemic	
Category	Contact
Urgent COVID-19 issues	<p>Contact NSHA Continuing Care Zone Director Cell number, Monday - Friday 8:30-4:30 and NSHA Management On-Call after hours and weekends at 1-877-408-4394. Listing of Director contact numbers: http://www.cdha.nshealth.ca/node/20567</p> <p>Contact Public Health as per existing outbreak protocol. Nova Scotia Public Health offices: http://www.nshealth.ca/public-health-offices</p> <p>After hours, contact the Medical Officer of Health (MOH) on call: 902-473-2222, ask for the MOH on-call OR the Health Duty Officer on-call: 1-877-408-4394, option #1</p>
Non-urgent COVID-19 (e.g., general information requests, best practices)	<p>Look to online resources:</p> <p>Government of Canada: https://canada.ca/coronavirus Government of Canada toll-free information line 1-833-784-4397 Government of Nova Scotia: https://novascotia.ca/coronavirus/</p> <p>NSHA: https://covid19hub.nshealth.ca/covid-19</p> <p>DHW: https://www.nshealth.ca/coronavirus DHW: COVID-19: resources for continuing care providers, https://novascotia.ca/dhw/ccs/COVID-19-resources-for-Continuing-Care-providers/ Password: CCSCOV1D-19 Submit your email inquiry to COVID19CC@novascotia.ca</p>
COVID Screening & Testing for individuals	Follow 811 Online Screening questions, then if required, contact 811 for instructions.
Facility Bed Closures	Notification to NSHA regarding all bed closures/openings are to be submitted immediately using the Bed Closure Form
Financial Reporting of COVID-19	Refer to DHW CCIR 13.0 (released March 16, 2020) Contact DHW: Jeanne.Farrell@novascotia.ca
HHR issues	Contact Alex Smith, DHW at Alexandra.Smith@novascotia.ca

Infection Prevention & Control	<p>Online resources:</p> <p>https://novascotia.ca/coronavirus/ https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html and information line 1-833-784-4397 https://covid19hub.nshealth.ca/covid-19 https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html</p> <p>COVID-19 IPAC Guide for LTC Guide to Influenza-like Illness for Long-Term Care COVID-19 IPAC Guide for Home and Community Care COVID-19 Management in Long-term Care Facilities - Directive from OCMOH</p>
Supplies & PPE Challenges	<p>Contact DHW at LSSDHW@novascotia.ca Emergency PPE Requests: PPerequests@healthassociation.ns.ca</p>
Remaining Service Delivery Questions related to COVID-19 not covered in above categories	<p>Contact NSHA at coronavirus@nshealth.ca Contact DHW at LSSDHW@novascotia.ca</p>

Regular Communications that Continue during Pandemic	
Category	Contact
Critical Incidents	Follow DHW Policy and submit report to Fax: (902) 722-1239
Emergency Capital Request	Follow existing process, send email to: CapitalRequestLTC@novascotia.ca
HR/Labour Relations related Issues	As appropriate, consult organizational policies, collective agreements, HANS, etc. Contact Alex Smith, DHW at Alexandra.Smith@novascotia.ca
Licensing	Email DHW at DHWICO@novascotia.ca
PPCA Reporting	Contact 1-800-225-7225 to report incident under PPCA
Major Event impacting Health System	Contact DHW Duty Line: 1-877-408-4394, option 1
Regular Operational Communications	
Client Issues	Contact local NSHA Manager/Director for your zone Listing available at: http://www.cdha.nshealth.ca/node/20567
Service Delivery Issues	Contact local NSHA Manager/Director for your zone Listing available at: http://www.cdha.nshealth.ca/node/20567

Operational Challenges requiring DHW support/ guidance	For LTC: Contact Shelley Jones, DHW at Shelley.Jones@novascotia.ca For HC & Community: Contact Theresa Kelbratowski, DHW, at Theresa.Kelbratowski@novascotia.ca
Funding Pressures/Challenges	For LTC: Contact Shelley Jones, DHW at Shelley.Jones@novascotia.ca For HC & Community: Contact Theresa Kelbratowski, DHW, at Theresa.Kelbratowski@novascotia.ca
Over Cost Fund Approvals e.g., one-on-one, equipment	Submit requests to designated NSHA Care Coordinator in each area, escalate to NSH manager as needed.
Placement (refusals, admissions, challenges, etc.)	First Point of Contact - Local NSHA Placement Office Second Point of Contact – Maureen McLean, Manager, Placement, NSHA Escalation – Mark Scales, Director of Placement, NSHA Contact information: http://www.cdha.nshealth.ca/node/20567

APPENDIX H: Daily COVID-19 LTC Situation Report



Please submit report to NSHA Zone Continuing Care Response Team at:
wz.ccrt@nshealth.ca, nz.ccrt@nshealth.ca, ez.ccrt@nshealth.ca, or cz.ccrt@nshealth.ca



COVID LTC SITUATION REPORT – please submit by 12:30										
Zone Location:		Choose an item.			Incident/Event:					
Incident Start Date:		Click here to enter a date.			Report Date (today's date):		Click here to enter a date.			
LTC Name:					Outbreak # Issued by PH:					
PH Nurse assigned:					PH Nurse Contact number:					
Medical Director:					Medical Director contact:					
MOH assigned:					MOH contact:					
Name of Person completing Report:					Site Lead/Most Responsible Person + contact number:					
CURRENT COVID SITUATION (WHAT IS OCCURRING WITHIN THE AREA; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)										
<i>If no change from previous day, please confirm same</i>										
Residents				Staff					Equipment	
Total # Residents	# active positive	# precautions removed	# isolation	Total FTE	FTE unable to work (COVID related)	# active positive	# precautions removed	# self-isolation	Daily # of deployed staff to your facility	# of O2 concentrators on site
Definitions: Total # Residents – residents, not beds Positive – current # of all active positive cases Precautions Removed – # of individuals that have had isolation precautions removed (i.e. recovered) Isolation – # of people who are isolated due to suspected or positive COVID (not work isolation) Total FTE – full complement of staff (not daily) FTE unable to work – e.g. self-isolation, medical leave for COVID related stress, lack of child care				Please specify role(s) of FTE unable to work: RNs <input type="checkbox"/> LPNs <input type="checkbox"/> Housekeeping <input type="checkbox"/> CCAs <input type="checkbox"/> Recreation <input type="checkbox"/> OTs <input type="checkbox"/> PTs <input type="checkbox"/> Dietary <input type="checkbox"/> Other <input type="checkbox"/> :			Receiving staff from: No deployed staff on site <input type="checkbox"/> NSHA <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Other LTC <input type="checkbox"/> Other <input type="checkbox"/> :		Vendor name: Choose an item.	
Anticipated Outbreak End Date:				Click here to enter a date.						



Please submit report to NSHA Zone Continuing Care Response Team at:
wz.ccrt@nshealth.ca, nz.ccrt@nshealth.ca, ez.ccrt@nshealth.ca, or cz.ccrt@nshealth.ca

CURRENT ISSUES/CHALLENGES (IF NONE, PLEASE INDICATE N/A)	
IMMINENT STAFFING ISSUES FOR NEXT 24-48 HRS SPECIFIC TO COVID-RELATED STAFFING SHORTAGES:	(If yes, please describe impact on resident care and send LTC staffing plan template to DHW and Zone Deployment Team)
PPE NEEDS:	
MEDICAL SUPPLIES/EQUIPMENT NEEDS:	
PUBLIC HEALTH/SWABBING/TRACING NEEDS:	
GENERAL NAVIGATION NEEDS:	
PRIORITIES FOR THE DAY (WHAT ACTION NEEDS TO BE TAKEN? ANY HELP REQUESTED FROM NSHA? IF NONE, PLEASE INDICATE N/A)	
OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)	

APPENDIX I: Emergency PPE Order Form

PERSONAL PROTECTIVE EQUIPMENT REQUESTS

Is your facility currently experiencing an outbreak of COVID-19? yes no

How many residents/clients are on isolation?

Date:

Facility or Agency:

Zone: Western Northern Eastern Central

Information required for delivery	Weekday contact information	After hours contact information
Address		
Contact name		
Contact phone number		

Please briefly describe your current situation and complete the table. Please note that supplies will be released by the Department based upon availability and needs across the system. This is to be attached in an email and sent to: PPerequests@healthassociation.ns.ca

- You will receive confirmation that your email has been received.

Part A: If you are experiencing an outbreak and/or isolation precautions, please include information related to current situation and issues below:

Number of Staff working in a 24-hour period	
Number of clients currently isolated (either as a new/re-admission or due to illness)	
Number of clients currently isolated as suspected or confirmed COVID-19 case	
Number of admin staff working in a 24-hour period (not providing client care)	

Part B: If you are NOT experiencing an outbreak and/or isolation precautions, but you require access to supplies because you cannot access them elsewhere, please fill out the table below:

PERSONAL PROTECTIVE EQUIPMENT REQUESTS

Equipment being requested	Current supply: # of each item, or bottles	Number of days current supply will last	Amount on backorder # of boxes, bottles or packs	Supplier projected date of order arrivals	Supply required (specify quantity of each item, or bottles)	DHW Manager 's recommendation for approval of #-day supply (<i>To be completed by DHW staff</i>)
Procedure/surgical masks						
Face/eye protection						
Gloves						
Hand sanitizer (Various sized bottles available)						
Gowns (quantity)						
N95 masks required for aerosol generating medical procedures only on suspected or confirmed COVID-19 patients						

APPENDIX J: Sample Viral Transport Swab Kit Order Form

Note: This is a sample form. Forms for each zone are available on the [Nova Scotia Health Authority COVID-19 Hub](#).

For direct use only if in Central Zone (Halifax, Eastern Shore and West Hants)
Other Zones should order kits from your Local / Regional Lab



VIRAL TRANSPORT SWAB KIT ORDER FORM (2020-06-12-v1)
FAX ORDER TO: 902-473-7971

All requested information must be completed in full; otherwise order will not be filled.

SHIPPING INFORMATION (Ship to):		SHIPPING INSTRUCTIONS:	
Name:			
Address:			
Postal Code:			
Phone:			
Contact Name:			
*COURIER INFORMATION:			
*Courier Name:			
*Courier Account # or Cost Centre #			
*Courier Phone #			
QUANTITY OF SWAB KITS REQUESTED:		LAB USE ONLY:	
	Swabs Requested		Swabs Shipped
			Date Shipped
			Expiration Date
			Initials

ORDERING INFORMATION

1. Please fax request using the "Viral Transport Swab Kit Order Form"
 - Fax to (902) 473-7971.
 - Order in single units of swabs, NOT in cases or boxes.
2. When ordering please keep in mind the following:
 - The viral transport swab kits have components that have a short shelf-life and therefore have expiry dates. Please order according to your needs instead of "stock-piling".
3. Orders will be processed and mailed using **Canada Post** and should arrive in 1-2 weeks.
4. *Courier considerations:
 - If you prefer a courier service, please indicate your courier name / account number and the courier phone number in the courier information area of the order form.
 - NSHA locations must use ACFM as courier and provide cost centre number as Courier Account #
5. All orders received are subject to verification. The quantities ordered may be subject to change depending on provincial supplies.

Nova Scotia Health Authority – QEII Health Sciences Cnt - Division of Microbiology - Viral Swab Contact Information
5788 University Ave. \ Halifax, N.S. B3H 1V8 \ Ph. 902-473-6881 \ Fax. 902-473-7971

APPENDIX K: Workforce Planning Document

1 Date: _____

2 Facility: _____

3 # of Residents: _____ Total Typical Staff # For Facility: _____ Total # of Staff on self isolation: _____

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APPENDIX L: NSHA Medical Support Services for LTC Medical Directors/Physicians



NSHA Medical Support Service for LTC Medical Directors/Physicians

October 5th, 2020

The following processes have been established to support a consistent approach to NSHA Medical Support Service for LTC Medical Directors and Physicians. These are interim measures during COVID-19 and do not constitute permanent changes within NSHA.

The MED-LTC Program is available to LTC clinicians looking for assistance with prognostication and Goals of Care Planning for frail and/or medically complex residents of LTC who are at risk of or have tested positive for COVID-19.

MED-LTC providers are internists with expertise in frailty and end of life care. The program employs the Palliative and Therapeutic Harmonization approach to complex decision making (pathclinic.ca).

MED-LTC consults are virtually delivered and may include:

- Assessment of patient's frailty status and trajectory of health preceding illness.
- Collaboration with others as needed (Psychiatry, Disability Experts, Ethics, Local Geriatrics)
- Discussion of risks associated with interventions such as intubation and hospitalization (risks specific to acute illness and risks specific to the patient).
- Co-development of a care plan with input from primary care provider, and patient/family to ensure care is delivered appropriately in an optimal setting.
- Direct communication with LTC facilities to ensure care plans are updated if changed, and direct upload of consultation notes to local hospital systems (onecontent/meditech)

PLEASE NOTE MED-LTC CAN NOT ANSWER QUESTIONS ABOUT PROVINCIAL AND LOCAL POLICIES REGARDING INFECTION PREVENTION AND CONTROL, PPE, AND CORONAVIRUS TESTING

ACCESSING MED-LTC SUPPORT DURING COVID-19 PANDEMIC

- **Fax consult letters and supporting documents to 902 473-8430** indicating the referral is for the MED-LTC program
- Please send supporting documents (CGA, AHCD, Clinical notes and documentation about prior GOC discussions, Contact numbers for care providers at the facility and next of kin/SDMs)
- Please ensure the patient and family are informed of the consultation
- For any questions please email the medical director of MED-LTC Dr. Nabha Shetty at nabha.shetty@nshealth.ca

*A Study of MED-LTC is funded by the COVID19Coalition

Page 1 of 1

APPENDIX M: List of websites in this document

Nova Scotia Department of Health and Wellness, COVID-19: Resources for Continuing Care providers

<https://novascotia.ca/dhw/ccs/COVID-19-resources-for-Continuing-Care-providers/>

- includes most recent version of:
 - [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#)
 - Guidance documents, FAQs, CCIRs, forms and financial documents, and this outbreak toolkit, etc.

Nova Scotia Department of Health and Wellness, COVID-19 - Government's response to COVID-19

<https://novascotia.ca/coronavirus/>

- includes most recent version of:
 - [Health Protection Act Order](#)

Nova Scotia Health Authority, COVID-19 Hub for Long-Term Care

<https://covid19hub.nshealth.ca/friendly.php?s=covid-19/care/longtermcare>

Local/regional hospitals

http://www.nshealth.ca/locations?field_location_type_tid%5B%5D=59&field_location_type_tid%5B%5D=60&title=

Public Health offices

<http://www.nshealth.ca/public-health-offices>