Reporting COVID-19 Cases in Congregate Settings and Proactive Measures for Providers

Niagara Region Public Health

Background

Due to the considerable increase in local spread of COVID-19, Niagara Region Public Health (NRPH) is adapting the current outbreak identification process for congregate settings and is outlining **proactive outbreak measures** providers should take while NRPH staff are conducting case investigations which may be associated with your site.

Note: Instructions/guidance provided in this document may only be temporary and can be amended once NRPH has completed their investigation.

Step 1: Reporting COVID-19 Cases to Public Health

The release of personal health information is completely voluntary and consent must be collected from the employee or resident / substitute decision maker prior to contacting Niagara Region Public Health.

Should a staff or resident receive test results indicating that they are positive for COVID-19, and after receiving consent, we ask that you immediately email Kathy Bell, Manager, Infectious Disease at kathy.bell@niagararegion.ca and Kelly Petch, Supervisor, Infectious Disease Kelly.petch@niagararegion.ca.

Please provide the following information for either a staff or resident:

- First and last name
- Date of birth
- Phone number
- Estimated symptom onset date
- Name and address of congregate setting
- *For staff only:* Last day worked at congregate setting[1]

By emailing Niagara Region Public Health upon receiving notification of a positive test result, we can ensure that the case is immediately identified as high priority for investigation. Please note that due to the large volume of cases, a high priority designation may still result in a delay in immediate follow up.

Step 2: Implement Proactive Measures Pending the Outcome of NRPH's Investigation

Staff should already be isolating pending their test results, however if they are at work or are not isolating upon receiving notification of positive COVID-19 test results, send them home immediately to self-isolate.

Part 1: Identify Contacts[2]

- *For staff cases only:* Identify any and all shifts the staff member worked two days before symptoms began.

[1] This will be understood as the last date of exposure within your congregate setting.

[2] Please note that contacts identified may change based on Niagara Region Public Health's own risk assessment completed by Public Health nurses.

- Review the *Exposure Risk Assessment tool* to help identify any staff, resident and/or essential visitor who may be a high-risk contact.
- When a Public Health Nurse follows up, they will send you an *Organization/Workplace Contact Worksheet* for your agency to fill in the names and dates of birth for high-risk close contacts (including staff, residents and essential visitors).

Part 2: Implement Proactive Outbreak Measures

- Implement Droplet and Contact Precautions for the whole home / setting.
- If residents are able to isolate in their rooms, staff must put on full PPE prior to entering the room (i.e. medical mask, eye protection, gloves and an isolation gown). All PPE must be changed or disinfected (i.e. eye protection) following the provision of direct care or interaction with **each resident.** Note: An N95 respirator instead of a medical mask is required when a CPAP machine is in use.
- If residents are not able to isolate in their rooms, staff must put on full PPE prior to entering the defined outbreak area (i.e. unit of a building, entire group home itself).
- Considerations for each site:
    - Ensure active entry screening processes are in place.
    - Implement enhanced surveillance and symptom review of residents. Keep a log of ill residents, staff and visitors including any test results (with consent).
    - Reinforce physical distancing, proper handwashing, and respiratory etiquette practices.
    - Ensure there is an adequate supply of cleaning and disinfection product on site, and that staff are trained in their use (i.e. contact times for disinfectants).
    - Implement enhanced cleaning practices (i.e. high contact surfaces cleaned and disinfected at least twice daily).
    - Provide meals in the residents' rooms (tray service) for COVD-19 positive and ill residents. Try to provide tray service for well / COVID-19 negative residents, however if not possible, stagger meal times to support physical distancing and thoroughly clean and disinfect surfaces between each meal time.
    - If possible, designate separate bathrooms for COVID-19 positive / ill residents vs. asymptomatic residents. Ensure shared bathrooms are cleaned and disinfected between use, particularly after use by COVID-19 positive or ill residents, and at least twice daily and when dirty.
    - Assess and identify staff cohorting opportunities (i.e. having a designated staff person caring for the positive resident, assigning specific staff to work on affected and unaffected areas, separate break rooms or cleaning between break room uses).
    - Ensure all outbreak signage is posted (e.g. front door and back/receiving door).
    - Consider all activities planned in the immediate future. Ensure cancellation of on-site group activities and notify any outside service providers (e.g. home care, physio, rehab, etc.).
        - Ensure that any resident who has an essential appointment (i.e. dialysis) wears a medical mask upon leaving facility (if tolerated) during the COVID-19 outbreak, and notify the other setting to determine whether they are able to receive a COVID-19 positive resident for the appointment.
    - Assess your PPE inventory and ensure continued completion of any required Ministry or Service Manager surveys.

        - After identifying the number of residents included under Droplet and Contact precautions, calculate the burn rate. Consider how many days left of PPE supply you have on-site.
    - Limit new admissions. Best practice is that there are no new admissions to the outbreak area until the outbreak is over, however this may not be possible in some settings.