Saskatchewan Health Authority COVID-19 Response Guidance for Long Term Care Facilities

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Version 1.0

Adapted with permission from Vancouver Coastal Health

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Introduction

The goal of this document is to assist Saskatchewan Health Authority staff to respond to outbreaks of COVID-19 within long-term care (LTC) facilities, limiting transmission to residents and staff within the facility. The guidance is meant to provide a set of interventions for LTC COVID-19 outbreaks, building on existing approaches to respiratory outbreaks, available evidence on COVID-19, and current regional experience with COVID-19 control in this setting. The guidance is not prescriptive, and should be applied in the context of a specific outbreak scenario.

This document does not provide guidance for the clinical management of COVID-19 cases, nor outbreaks in assisted living facilities and other contexts.

This guidance document is based on the latest available scientific evidence about this disease, which is subject to change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at www.phac-aspc.gc.ca. The Saskatchewan Ministry of Health has a healthcare professional's page with resources including posters, pamphlets and other information for health care facilities in Saskatchewan regarding COVID-19.

At this time the evidence suggests that the incubation period for COVID-19 is 1-14 days with a median of 5 – 6 days. The period of communicability of COVID-19 has not been definitively established. For the purpose of LTC COVID-19 outbreak management, the period of communicability for individuals infected with COVID-19 is considered to begin 48 hours prior to symptom onset and considered to end 14 days following symptom onset, or 48 hours after resolution of symptoms, whichever is longer. A dry cough may persist for several weeks, so a dry cough alone as a symptom does not indicate transmissibility or warrant continuation of self-isolation.

Definitions

LTC COVID-19 OUTBREAK: One or more residents or staff of a LTC facility has a lab-confirmed COVID-19 diagnosis, regardless of epidemiological link AND the staff with a lab-confirmed COVID-19 diagnosis worked at the LTC facility while symptomatic.

OUTBREAK STAGES:

1. **Declared Outbreak:** The Medical Health Officer (MHO) declares the outbreak in a LTC facility.
2. **Concluded Outbreak:** 28 days i.e. two incubation periods with no new cases after the last date of exposure to a symptomatic lab-confirmed COVID-19 case at the LTC facility.
    a. The length of time to conclude an outbreak may be reduced or extended by a MHO. For example, a facility with 1 staff member diagnosed with COVID-19 AND zero (0) residents, may have an outbreak concluded 14 days after last exposure to the symptomatic staff member

Presentation Definitions:

1. **Influenza-like illness (ILI)**:

   New or worsening cough with fever[1] (>38°C) or a temperature that is above normal for that individual and one or more of the following:

   - Sore throat
   - Arthralgia (joint pain)
   - Myalgia (muscle pain)
   - Headache
   - Prostration (physical or/and mental exhaustion)

2. **Respiratory infection**:
   - Includes new/acute onset of any of the following symptoms[2]:
     - Cough* (or worsening cough)
     - Fever
     - Shortness of breath
     - Sore throat
     - Rhinorrhea (runny nose)

   - Cough that is not due to seasonal allergies or known pre-existing conditions
   - Does not include ongoing, chronic respiratory symptoms that are expected for a resident unless the symptom is worsening for unknown reasons
   - Does not include seasonal allergies

3. **Fever without known cause:**

- Fever (>38C) or a temperature that is 1° above normal for that individual without other known cause. (Does not include fever associated with known cause such as urinary tract infection).

[1] Note that is majority of our LTC resident population fever is usually not present

[2] Atypical symptoms of COVID-19 include but not limited to nausea/vomiting; diarrhea; increased fatigue; conjunctivitis; loss of sense of smell and taste and acute functional decline

Recommendations for use of PPE when caring for residents with probable, suspect or confirmed COVID-19

The SHA has a continuous mask use policy that recommends all healthcare workers who come into contact with residents during the course of their shift must wear a face mask at all times. Additionally, it is recommended that health care workers should wear the same face mask and eye protection for repeated interactions with multiple residents for the maximum of one complete shift.

LTC Managers are advised to refer to the "*CONTINUOUS*and EXTENDED USE* PPE RECOMMENDATIONS when caring for Residents suspected or confirmed to have COVID-19 in Continuing Care*" document for additional guidance on recommended PPE usage for staff.

Monitoring of and initial response to probable or suspect COVID-19 cases (symptomatic, prior to completion of lab testing)

Monitoring for COVID-19 cases

Long-term care (LTC) staff should actively monitor residents twice daily for compatible symptoms/presentations (see 'definitions' section). Health Care workers within the SHA are also expected to comply with the Daily Fitness for Work Screening for Health Care Workforce directive Residents who meet the abovementioned case definitions are considered possible cases and should be tested for COVID-19 via a nasopharyngeal swab (NP) swab.

LTC staff should test residents experiencing mild ILI or respiratory symptoms, as well as fever without a known cause, and residents experiencing atypical symptoms. COVID-19 cases in the LTC population are known to occur in residents with mild or atypical presentations.

Initial steps for suspect cases

If symptom criteria are met for a resident, the LTC facility should:

1. **Follow** Droplet/Contact Plus[3] precautions and use appropriate personal protective equipment (which includes a gown, mask, eye protection, and gloves) to deliver care to the respective resident, including the collection of the NP swab for testing
2. **Place** the resident in isolation within their room, to the extent possible
3. **Post** "Droplet/Contact Plus[3]" precaution signs on the door of the resident's room
4. **Notify** leaders in resident care for the LTC facility (Director of Care and/or Medical Director)
5. **Test** resident (see step 6)

Testing suspect cases for COVID-19:

6. **Obtain** a nasopharyngeal (NP) swab specimen:

[3] For Droplet/Contact Plus, staff would wear gowns, gloves, and procedure mask with eye protection. Where AGMP's are considered, place patient in a room with hard walls and door; ensure the door is closed. Where available place patient in a negative pressure room. The PPE requirement for AGMP's include an N95 respirator with eye/facial protection.

a. For Instructions on how to collect a nasopharyngeal swab see Saskatchewan.ca/covid-19 website under the Testing, Screening, Treatment and Medical Directives section for Health care providers
    i. The swab should be obtained as soon as possible after symptom onset. Mindful of the chance of false negative test results early in the disease process, swabs may need to be collected again 48 hours after symptom onset.
    ii. Ensure LTC facility labels requisition "STAT LTC" to ensure prioritized testing
    iii. Transportation of specimens can be facilitated by usual courier and packaging

Additional steps LTC facility should initiate:

7. **Cleaning**: Inform housekeeping of the need for enhanced cleaning[4].
8. **Food service**: Meals for resident awaiting test results should be provided in their room during isolation.
9. **Notify**:
    a. *Resident's primary care provider*: Direct LTC facility to notify resident's usual primary care provider to determine if further assessment and treatment is indicated.
    b. *Resident's family / substitute decision-maker / next-of-kin*: Direct LTC facility to notify family of illness and testing being done.
    c. *Facility Medical Directo*r: ensure facility medical director is aware of pending test result
10. **Setup** a PPE station outside of suspected positive COVID-19 resident's door
11. **Personal protective equipment (PPE) requirements**: **)**: Staff who are entering the room of a patient awaiting COVID-19 testing must follow Droplet/Contact Plus[3] precautions including using appropriate PPE and engaging in thorough hand hygiene
12. **Continue** active monitoring of all residents for symptoms once daily: LTC facility should maintain an increased level of surveillance of other residents who fit the abovementioned presentations.
13. **Continue** the Daily Fitness for Work Screening for all LTC staff: LTC facility should be on alert for staff who fit the abovementioned presentations
    a. Staff with ILI, respiratory illness or fever should be excluded from the facility and referred for testing as per the Daily Fitness for Work Screening for the Healthcare Workforce: LTC Guidelines and Principles.
    b. Advise the staff to identify themselves as long-term care staff when being assessed for testing.
14. **Documentation of resident and staff monitoring:** LTC facility should maintain a line list of symptomatic residents (see Appendix A) and a separate line list of symptomatic staff (see Appendix B).

Positive COVID-19 test result in ONE resident

Public Health is notified of all new lab-positive COVID-19 cases by the lab performing the test, and will investigate all positive cases.

[4] All resident room surfaces especially those that are horizontal and frequently touched, should be cleaned at least twice daily and when soiled, in addition to facility cleaning protocol for droplet/contact precautions. Additionally all surfaces or items, outside of the patient room, which are touched by or in contact with HCWs such as computer carts, medication carts, charting desks or tables, computer screens, telephones, touch screens should be cleaned at least daily and when soiled

A single lab-confirmed COVID-19 case IS considered an outbreak in the LTC facility unless otherwise directed by the MHO.

For a single resident case, have the LTC begin the following measures.

Outbreak control measures

1) **Ensure that** Droplet/Contact Plus[3] precautions are in place for the confirmed positive COVID-19 resident
2) **Maintain** in-room isolation for the confirmed positive COVID-19 resident and roommates (if applicable) for 14 days or 48 hours after symptoms have resolved. In shared rooms, ensure 2 meters of separation are maintained between bed spaces with privacy curtains drawn. Provide resident(s) with separate toileting (commode); remove toothbrushes and denture cups from washroom.
3) **Setup** a PPE station outside of confirmed positive COVID-19 resident's door
4) **Post** Droplet/Contact Plus precautions signage on the door of the confirmed positive COVID-19 resident's room
5) **Identify** any resident close contacts (with assistance of Public Health) and place on Droplet/Contact Plus precautions. Monitor for symptoms twice daily for 14 days.
6) **Send** Resident Monitoring form for residents who are identified as a close contact (see Appendix C) to outbreak lead (IPAC or Public Health) daily.
7) **Serve** meals for the confirmed positive COVID-19 resident last on unit/floor
8) **Provide** non-urgent care to the confirmed positive COVID-19 resident last on unit/floor
9) **Continue** enhanced cleaning for unit/floor
10) **Notify** non-facility staff, professionals, and service providers of the outbreak and assess their need to visit the LTC facility. Visits should be postponed unless:
    - It is to provide an essential therapeutic service that cannot be postponed without adversely affecting the health of the residents
    - Provide essential services (i.e. Maintenance, etc.) to maintain the safe operation of the facility
11) **Communicate** with families of residents of the outbreak and risk (provide a customized PDF copy of LTC COVID-19 outbreak template letter on SHA letterhead – see Appendix D)
12) **Discuss** outbreak with designated outbreak lead within the SHA (IPAC or Public Health)
13) **Continue to restrict** all visitors to the facility (note Visitor Restrictions at all SHA Facilities memo of March 18 2020)
14) **Encourage** diligence in hand washing and use of alcohol-based hand sanitizer for all patient/residents/staff
15) **Close** facility to admissions and transfers. Any request for admission or readmission must be discussed with the MHO, their designate or the outbreak lead (IPAC or Public Health). Transfers of residents from an outbreak unit to another unit or LTC facility is not to occur until the outbreak is declared over.
16) **Increase** active resident and staff monitoring to twice daily
17) **Consider** COVID-19 testing for other symptomatic residents of the floor.
    - Note mild symptoms in residents or atypical/unusual symptoms for assessment and/or testing

18) **Send** line list of symptomatic residents (see Appendix A) to outbreak lead (IPAC or Public Health) daily.
19) **Send** line list of symptomatic staff (see Appendix A) to Employee health (or outbreak lead if not SHA owned/operated) daily.
20) **Ensure** LTC facility staff are not actively working in other healthcare settings. Cohort staff to the outbreak unit. Staff is not to work in any other unit/facility until the outbreak is declared over. (sample letter template provided – Appendix E)
21) **Restrict** staff movement throughout facility (no staff coverage between units/floors)
22) **Consider** cohorting COVID-19 residents at the facility
23) **Determine** end date to the period of communicability for any isolated resident: This would be 14 days AFTER the date of symptom onset or 48 hours after resolution of symptoms. Consult with outbreak lead (IPAC or Public Health) before discontinuing precautions.

Contact tracing

The MHO and Public Health staff, working with the LTC, must identify residents, staff and visitors who have had close contact with the confirmed COVID-19 positive resident (e.g. taking meals together, face-to-face conversations and other close contact).

All residents who have had close contact with the case will be considered to be exposed and should be monitored closely, with symptom checks by LTC staff performed twice daily for fourteen days. These residents should be cared for using Droplet/Contact Plus precautions when staff is providing care or within 2 meters of the resident. Exposed residents should not be transferred to any other room for fourteen days after the last exposure to a symptomatic individual diagnosed with COVID-19.

Employee Health and Public Health will work with the facility to contact staff and visitors respectively and advice as to the recommendations for self-isolation and return to work.

Positive COVID-19 test result in ONE staff member

Public Health is notified of all new lab-positive COVID-19 cases by the lab performing the test, and will investigate all positive cases.

A single lab-confirmed COVID-19 case **IS** considered an outbreak in the LTC facility unless otherwise directed by the MHO. For a single staff case, begin the following measures if the staff worked at the LTC facility while symptomatic.

Outbreak control measures

1) **Exclusion** of positive staff from work duties
2) **Home isolation** of the staff member for 14 days from the onset of symptoms or until 48 hours post symptom resolution, whichever is longer. Note that a dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation. Employee Health/Public Health will advise.
3) **Identify** any resident close contacts (with assistance of Public Health) and place on Droplet/Contact Plus precautions. Monitor for symptoms twice daily for 14 days
4) **Send** Resident Monitoring form for residents who are identified as a close contact (see Appendix C) to outbreak lead (IPAC or Public Health) daily.
5) **Increase** active resident and staff monitoring to twice daily.

- Implement Droplet/Contact Plus precautions for symptomatic residents and test for COVID-19.
- Exclude any symptomatic staff as per the Daily Fitness for Work Screening.

6) **Send** line list of symptomatic residents (see Appendix A) to outbreak lead (IPAC or Public Health) daily.
7) **Send** line list of symptomatic staff (see Appendix A) to Employee health (or outbreak lead if not SHA owned/operated) daily.
8) **Ensure** LTC facility staff are not actively working in other healthcare settings. Cohort staff to the outbreak unit. Staff is not to work in any other unit/facility until the outbreak is declared over. (sample letter template provided – Appendix E)
9) **Restrict** staff movement throughout facility (no staff coverage between units/floors)
10) **Continue** enhanced cleaning for unit/floor
11) **Notify** non-facility staff, professionals, and service providers of the outbreak and assess their need to visit the LTC facility. Visits should be postponed unless:
    - It is to provide an essential therapeutic service that cannot be postponed without adversely affecting the health of the residents
    - Provide essential services (i.e. Maintenance, etc.) to maintain the safe operation of the facility
12) **Communicate** with families of residents of the outbreak and risk (provide a customized PDF copy of LTC COVID-19 outbreak template letter on SHA letterhead – see Appendix D)
13) **Discuss** outbreak with designated outbreak lead within the SHA (IPAC or Public Health)
14) **Continue to restrict** all visitors to the facility (note Visitor Restrictions at all SHA Facilities memo of March 18 2020)
15) **Encourage** diligence in hand washing and use of alcohol-based hand sanitizer for all patient/residents/staff
16) **Close** facility to admissions and transfers. Any request for admission or readmission must be discussed with the MHO, their designate or the outbreak lead (IPAC or Public Health). Transfers of residents from an outbreak unit to another unit or LTC facility is not to occur until the outbreak is declared over.

Positive COVID-19 test result in more than ONE resident/staff member

When two or more cases are identified, continue all of the above measures, plus:

1) **Implement** Droplet/Contact Plus[3] precautions when providing service to all residents on the floor/unit/wing
2) **Isolate all** confirmed positive COVID-19 residents to the extent possible
3) **Post** COVID-19 outbreak signage *throughout the facility*
4) **Alert** inventory (PPE supplier) that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required
5) **Serve** meals to all residents using in-room tray service. Where in-room meal service is not possible for some residents due to safety concerns such as where. choking hazards or feeding required, the dining room can be used as long as no more than 10 persons are in a space at a time and maintaining 2 meter distance between those present AND all those present are asymptomatic and not considered a close contact to a case.

6) **Continue** enhanced cleaning of floor and/or neighbourhood (consider expanding to include the entire facility)

Additional outbreak control measures

COVID-19 cohorting

Early in an outbreak, consider options for cohorting LTC residents diagnosed with COVID-19 if possible.

Contact tracing

SHA LTC staff that are confirmed positive COVID-19 will be followed up by Employee Health. Other LTC staff (private, affiliate) will be followed up by Public Health.

The MHO, Employee Health and Public Health staff, working with the LTC, must identify contacts of staff cases that test positive for COVID-19. Close contacts may include LTC residents receiving care from the staff case, as well as staff and household/community contacts.

All staff that test positive for COVID-19 will be contacted by Employee Health/Public Health and a detailed contact tracing interview will be performed to identify contacts occurring 48 hours prior to symptom onset and while the case was symptomatic.

Public Health will contact any individual deemed a close contact of the confirmed case and ask individuals deemed as close contacts to isolate and self-monitor for symptoms for fourteen days following last exposure. LTC residents who are close contacts of a staff case must be isolated in their rooms, and receive care with Droplet/Contact Plus precautions[3]. Send Resident Close Contact Tracking form (see Appendix C) to outbreak lead (IPAC or Public Health) daily.

Return to work

Staff infected with COVID-19 can return to work 14 days after the onset of symptoms or 48hrs after symptom resolution, whichever is later. A dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation. Employee Health/Public Health will follow-up with the individual and provide this information.

Employee Health/Public Health will not release, to the employer, the personal health information of employees.

Resident admission or transfer during COVID outbreak

Admissions/transfers into the outbreak unit are **suspended** until the outbreak is declared over. Any transfers or admissions that are urgently required must be discussed on a case by case basis with the MHO, their designate or outbreak lead. **Transfer of residents from an outbreak unit to other LTCFs or units** is not to occur until the unit/facility in outbreak is declared over.

For transfers to acute care: Residents who require urgent medical attention that cannot be met in the home should wear a mask if possible during transport. The LTC facility should notify the Emergency Department at the receiving facility to coordinate medical management of the resident. Staff must notify the Emergency Department regarding the resident's infection status. Staff must inform EMS and the receiving facility of the following:

a) Reason for transfer to acute care
b) Coming from LTC facility with ongoing COVID-19 outbreak
c) If resident is symptomatic or not or if a known COVID-19 case or not
d) If the resident is a close contact or not (i.e. Roommate to a COVID case)

In addition to routine practices, HCWs involved in transporting the resident should wear PPE for Droplet/Contact Plus (a surgical/procedure mask, eye protection, gown and gloves) Refer to the Saskatchewan.ca/coronavirus website information for PPE recommendations.

For transfers from acute care back to a LTC facility under COVID-19 precautions: Acute care site should contact the MHO or their designate to discuss the transfer.

Readmission of a COVID-19 case back to the LTC may be considered on a case by case basis – contact the MHO or the outbreak lead to discuss. If transfer request is allowed, residents would be required to remain on isolation for a period of 14 days.

Schedule outbreak management meeting with LTC facility

Multidisciplinary outbreak management teams are part of IPAC Canada's Standards for Infection Prevention and Control programs. In order to facilitate communication and coordination of outbreak control measures, an outbreak management team should be established when an outbreak is declared.

Access provincial LTC COVID-19 surge plan if required

During an outbreak, demands on the facility to provide care to residents may supersede the LTC's resources and ability to provide safe and appropriate care. In particular, staffing may be an issue due to exclusion of COVID-19 positive staff from the facility.

If the LTC has commenced its outbreak response plan but demands for resources (HR or otherwise) have escalated beyond the site's capacity, consider suggesting to Operational and Medical Directors of the impacted LTC facility to activate STAGE 1 of the Provincial LTC COVID-19 Response Plan, to request support for the facility.

The Provincial LTC COVID-19 Response Plan can mobilize different strategies including local staff redeployment, agency staffing, financial incentives, and volunteers, in support of contracted, as well as SHA owned and operated, sites.

Post-outbreak debrief

After the conclusion of an outbreak, consider a debrief meeting with the LTC facility to evaluate the management of the COVID-19 outbreak and make recommendations to further COVID-19 outbreak management guidance.

Long-term care (LTC) staff should continue to actively monitor residents at least once daily for compatible symptoms/presentations (see 'definitions' section) despite the outbreak being declared over in order to recognize if illness is reintroduced into the facility. Health Care workers within the SHA are also expected to comply with the Daily Fitness for Work Screening for Health Care Workforce directive. Residents who meet the abovementioned case definitions are considered possible cases and should be tested for COVID-19 via a nasopharyngeal swab (NP) swab.

Appendix A – Patient/Resident Line List

Resident COVID 19-19 Linelist **Outbreak #**

Case Definition:

Case identification			**Update daily with all symptoms in past 24 hours**														**Specimens**			**Prophylaxis /Treatment**			
Recovered (d/m/y)	Name and location	Age	Baseline Temp	Date	Date of illness (Day 0 is when symptoms started)	Highest temperature	Cough (Dry (D)/Wet (W)	Runny nose (R) Nasal congestion (C)	Sore throat (S) Hoarse voice(H)	Headache	Myalgia (muscle pain)	Chest congestion	Malaise (M) Chills (C)	Others	Hospitalization (d/m/y)	Death (d/m/y)	NP swab(d/m/y)	Results/organism	Other	Influenza vaccine (d/m/y)	Antibiotic (d/m/y)	Tylenol (Dose/frequency)	Other antipyretic
	Case#:				Day 0																		
	Name:				Day 1																		
					Day 2																		
					Day 3																		
	Sex: M/F				Day 4																		
					Day 5																		
	HSN:				Day 6																		
					Day 7																		
	Room #:				Day 8																		
					Day 9																		
					Day 10																		
					Day 11																		
					Day 12																		
					Day 13																		
					Day 14																		
					Day 15																		
Comments/Diagnosis/Pertinent Respiratory History: ☐ Wanderer/non-compliant with precautions																							

Appendix B – Staff Member Line List

Staff COVID-19 outbreak line list

Case identification		**Update daily with all symptoms in past 24 hours**									**Complications**		**Specimens**			**Others**		
Name and HSN	Role	Onset date	Temperature	Cough (Dry (D)/Wet (W)	Runny nose	Hoarse voice	Sore throat	Headache	Myalgia	Others i.e. malaise	Bronchitis/ Pneumonia	Hospitalization (d/m/y)	NP swab (d/m/y)	Results	Other	Floors/areas worked prior to symptom onset	Dates excluded from work	Return to work date
Case#: Name: HSN:																		
Comments:																		
Case#: Name: HSN:																		
Comments:																		

Appendix C – Resident Close Contact tracking form

Resident is identified as having close contact with a COVID case. Isolate of droplet/contact plus precautions and monitor for signs and symptoms for 14 days

Case identification			**Update daily with all symptoms in past 24 hours**															**Specimens**			**Prophylaxis /Treatment**			
Recovered (d/m/y)	Name and location	Age	Baseline Temp	Date		AM temperature	PM temperature	Cough (Dry (D)/Wet (W)	Runny nose (R) Nasal congestion (C)	Sore throat (S) Hoarse voice(H)	Headache	Myalgia (muscle pain)	Chest congestion	Malaise (M) Chills (C)	Others	Hospitalization (d/m/y)	Death (d/m/y)	NP swab(d/m/y)	Results/organism	Other	Influenza vaccine (d/m/y)	Antibiotic (d/m/y)	Tylenol (Dose/frequency)	Other antipyretic
	Case#:				Day 0																			
	Name:				Day 1																			
					Day 2																			
					Day 3																			
	Sex: M/F				Day 4																			
					Day 5																			
	HSN:				Day 6																			
					Day 7																			
	Room #:				Day 8																			
					Day 9																			
					Day 10																			
					Day 11																			
					Day 12																			
					Day 13																			
					Day 14																			
					Day 15																			
	Comments/Diagnosis/Pertinent Respiratory History: ☐ Wanderer/non-compliant with precautions																							

Appendix D – LTC Outbreak Communication Letter

Date:_____

Dear Residents, Families, and Staff:

We are writing to notify you that there is an outbreak of COVID-19 at _____. An outbreak of COVID-19 is declared in a long-term care facility when one or more residents or staff are diagnosed with COVID-19 by lab testing. To date, there is/are _____ diagnosed with COVID-19 _____. Saskatchewan Health Authority (SHA) is working with to resolve the outbreak and take steps to protect the health of all residents and staff.

The current practice at SHA when responding to a COVID-19 outbreak is to ask the facility to isolate resident cases of COVID-19 in their rooms, and require staff cases to isolate at their respective homes and not attend work. Residents who have no symptoms will be monitored closely. We do not recommend testing for residents who have no symptoms because the test is not reliable in the absence of symptoms. Residents who develop symptoms will receive the care that they need.

Outbreak control measures have been put in place at _____. This may result in some residents being confined to their rooms, including during mealtimes. You may also notice restrictions to group activities, and non-essential services. These precautions prevent the spread of respiratory illnesses, and are standard approaches already used in care facilities during seasonal influenza outbreaks. By public health orders, long-term care facilities in Saskatchewan are not accepting visitors except in exceptional circumstances such as end-of-life. Further measures for infection control may be directed by SHA.

COVID-19 is a respiratory illness. It can spread through droplets when a person coughs or sneezes, or touching the virus with your hands then touching your face before washing your hands. Symptoms of COVID-19 may be mild or severe. These may include fever, cough, fatigue, runny nose, sore throat, nausea, vomiting or diarrhea. More severe symptoms can include difficulty breathing or chest pain. While most people will experience mild illness, older adults and people with pre-existing medical conditions are at higher risk for severe illness.

For further information on COVID-19 visit the Government of Saskatchewan information page (https://saskatchewan.ca/covid-19) or call 8-1-1.

Sincerely,

Medical Health Officer
Saskatchewan Health Authority

Appendix E – LTC Letter to Staff regarding Work Restrictions

Date: _____

Facility Name: _____

Outbreak Location: _____

Unit Name / Names

Date Outbreak Declared:_____

dd/mm/yyyy Time

Dear Facility Management and Staff Member:

Please be advised that all staff who worked on the named unit/units since_____ cannot work in any other health care setting until the current outbreak is declared over. This important measure is in place to prevent possible spread of illness, both among the residents and employees.

Well staff will continue to work on the outbreak unit. Notify all other employers that you are required to avoid work in all other healthcare settings until the outbreak is over. Staff must self-monitor for symptoms twice a day until the outbreak is declared over. Check your temperature and pay close attention for any symptoms of illness, including itchy, sore throat, new or worsening cough, fever (temperature above 37.5) or chills, headache or shortness of breath. Be aware that some medications, including steroids, and even over the counter medications like Tylenol, can minimize symptoms including body temperature.

If you develop any symptoms of illness, do not go to work. Notify the facility as soon as possible. If you are at work when symptoms begin, wash your hands and then put on a mask. Immediately isolate yourself in a private area of the facility. It is critical to minimize all further contact with others while waiting to leave the facility. Go directly home and self-isolate. Someone will contact you to discuss your symptoms. Testing will be arranged if appropriate.

If you are sick and require medical advice or assessment, call Healthline at 811. If it is an emergency, call 911. Tell them that you are symptomatic and self-monitoring as you work in a facility with a Covid-19 outbreak.

Medical Health Officer
Saskatchewan Health Authority