

Novel Coronavirus (COVID-19) – Scenario Based Discussions focusing on: Clients in Long Term Care-Assisted Living Facilities / Ethics themed – Facilitators Guide

Concept – Operations or discussion-based exercises to validate a process and/or function or time frame of 5 - 20 minutes. The benefit of this is less taxing on staff as far as shift coverage, time constraints and can be done on duty.

Who participates?

- Drill leader/Facilitator (Manager, Program Lead, Clinical Practice Lead or Physician)
- All staff and physicians or anyone that works in the hospital and should be orientated and familiar with the COVID-19 processes and facility admissions and,
- Any other staff and physicians that should be familiar with how to gain access to the information

How is it done? – Operational Drills will be conducted at the facility in real time and with real equipment, so that staff are familiar with resources and equipment locations to be used in an actual scenario. Discussion Based Drills will occur with 2 or more staff members at a time during down times? (Staff meetings, huddles)

1. Prepare the drill:

- a. Review the processes available (see resources on last page)
- b. Select participants (Nursing staff, Physicians, support staff etc.)
- c. Prepare site and equipment
- d. Prepare and monitor safety concerns (This is an exercise and not a real incident).

2. Set the stage:

- a. Facilitator gives general briefing (see concept section above)
- b. Set the scene (read scenario(s) out loud to participants)

3. Monitor the action:

- a. Work through the with participants - answer questions that come in from participants
- b. Document questions/ concerns to be escalated

4. Evaluate:

- a. HOT WASH – immediately after (discussion of event)
- b. Document questions/ concerns to be escalated

Scenario 1

A resident at the long term care home (LTCH) was recently seen in your facility by a physician and treated for an Urinary Tract Infection (UTI). The resident at the time had a slight fever and a sore throat but no active coughing. The physician knew that there was a history of a visit by an unwell family member 12 days ago and that since this time the resident had self isolated. The physician decided to do a nasal pharyngeal swab to test for COVID 19 and the test results came back from Public Health as positive for COVID 19. The resident has been self isolating and all staff have been using appropriate PPE to assess the resident and served their meals in their room. Today the care aide, noticed that the resident has a cough, is looking cyanotic and is presenting as confused. The family was called to give an update and is requesting that the resident be transported to an acute care facility for oxygen, assessment and further treatment. At this time, the local hospital has one COVID 19 patient on a ventilator, and 3 other patients in hospital that have also tested positive and been given high flow oxygen and treated for fever. The LTC resident is a 70 year old male with a history of Parkinson's, but no lung disease, no heart disease.

Group Discussion Questions:

- How will this patient be treated, considering:
 - Do they have a current MOST form completed?
 - Family wishes for transport – are the residents wishes consistent with the family?
 - Who can help with this conversation if the resident and family wishes are not the same?
 - The danger of infection to other health care workers and patients in hospital and the LTCH
 - Transported to a higher level of care facility (is that required at this time)?
 - Who makes this decision?
 - Has the MRP been consulted?
 - What is the NH policy for transfers from LTCH to Acute?
 - Is oxygen available in the LTCH?
- What does the LTCH Outbreak Management Guidelines say?
- How is this information reported to the Medical Health Officer/ Public Health?
- Who will report this information?
 - to MHO/ Public Health
- What PPE(if any) is required for:
 - Direct care staff
 - Support staff (i.e. housekeeping, food services, laundry)
- If PPE is required, where is it located in the facility?
- If the decision is to transfer, how is the resident transported through the facility if required to an awaiting ambulance?
 - Is there a **designated route** within the facility?
- Where can I find resources for clinicians?

- What information needs to be given to paramedics, hospital staff if this resident is transported?
- Who is designated to call the hospital to make them aware of the transfer with suspected/confirmed COVID-19?
- Where can I find Novel Coronavirus (COVID-19) Cleaning Specifications?

End Scenario #1 – see next page for Scenario #2

Scenario 2

At your Long Term Care Home (LTCH) you have one wing that has 3 rooms that have 2 residents that reside in the room. There have been no confirmed or presumed COVID 19 cases in any of the LTC Homes in your community as of yet. In one of the semi-private rooms there is a husband and wife that have shared the room and facilities for over a year. The wife is more mobile than her husband and today she has approached one of the care aides to say that her husband has started to cough and sneeze in the last few hours. The resident had recently (4 days ago) been to the hospital via ambulance for an xray after falling out of bed and no fracture was found. Upon entering the room, the nursing staff notice that the resident is breathing easy at this time. Vital signs are taken and the resident has a low grade fever of 37.8 degrees and his blood oxygen saturation is 92%. With this information you suspect that the resident is suspected to have COVID 19 perhaps related to when they went to the hospital. The nursing staff take precautions when they assess the resident, practice good hand washing and then call the supervisor for guidance.

Group Discussion Questions:

- How will this patient be treated, considering:
 - Do they have a current MOST form completed?
 - Are the residents wishes consistent with the family?
 - The danger of infection to other health care workers and residents in the facility
 - Transported to a higher level of care facility (is that required at this time)?
 - Is the resident already on oxygen i.e. COPD, asthma?
 - Is oxygen available if needed?
 - Should the wife be moved to a different room or should the husband?
 - Should they stay in the room together considering if positive the wife has likely been exposed?
 - Who makes this decision?
 - Has the MRP been contacted?
- What does the LTCH Outbreak Management Guidelines say?
- How is this information reported to the Medical Health Officer/ Public Health/ NH?
- Who will report this information?
 - to MHO/ Public Health
- What PPE(if any) is required for:
 - Direct care staff
 - Support staff (housekeeping)
- If PPE is required, where is it located in the facility?
- How is the resident transported through the facility if required to an awaiting ambulance?

- Is there a **designated route** within the facility?
- Where can I find resources for clinicians?
- What information needs to be given to other staff, paramedics and hospital staff if this client is transported?
- Who is designated to call the hospital to make them aware of the transfer with suspected/confirmed COVID-19?
- Where can I find Novel Coronavirus (COVID-19) Cleaning Specifications?