

HEALTH INCIDENT COMMAND (HIC) ACTIVITIES WITH PERSONAL CARE HOME OPERATORS AND PROVINCIAL/REGIONAL LEADERS

The Health Incident Command operations and planning tables continue to work with long-term care leadership in service delivery organizations (SDOs) to take steps to assess and improve preparedness of personal care homes (PCHs) for responding to COVID-19. Below is summary of key actions since November 2020.

Governance

- Shifted long-term care sector planning team's role within incident command from strategic to tactical.
- The Long-Term Care COVID Planning table integrated with the Incident Command Operations table. This was to ensure operational risks and concerns were identified in timely manner by the SDOs and both strategic planning and tactical decisions could be leveraged provincially and achieved efficiently.
- Created a dedicated interim provincial long-term care lead role to work with long-term care operators in Manitoba to ensure their issues and concerns as well as recommendations were brought forward in a timely fashion through Incident Command structure.

Further Strengthening Infection Prevention and Control (IPC) Practices

- Reinstated active screening of PCH staff.
- Deployed regional IPC staff to support education and audits of PCH sites.
- A trained personal protective equipment (PPE) observer role was developed and promoted with sites, e.g. a clinician whose role focuses on hygiene and other audits, and is responsible to guide health-care workers (HCWs) as they don and doff PPE, hand ensuring adherence to infection prevention and control measures during the care of COVID-19 cases and suspects. Tools created to support this work included:
 - [Donning & doffing PPE checklist](#) (Dec. 23, 2020)
 - [PPE observer training](#) (Dec. 23, 2020)
 - [Trained PPE observer reference](#) (Dec. 23, 2020)
- Confirmed COVID-19 incremental funding can be leveraged and confirmed funding process for the regions through Incident Command finance lead so sites can hire IPC extenders to perform active staff and visitor screening, implement PPE observer role and train designated family caregivers.

- Public health inspectors (PHIs) are now conducting non-punitive inspections of personal care homes through collaborative reviews with operators intended to identify areas for improvement. PHIs utilize provincial IPC guidance and provide timely information to operators for action. Issues identified and recommendations made is shared with SDOs for awareness and to support action, and with provincial IPC for awareness.
 - [Surveillance of Personal Care Homes for IP&C Practices](#) (Dec. 24, 2020)
 - [Public Health Inspector IP&C checklist for Personal Care Homes](#) (Dec. 24, 2020)
- Developed and implemented provincial long-term care cohorting guidelines:
 - <https://sharedhealthmb.ca/files/covid-19-ltc-cohorting-guidelines.pdf>

Further Promoting Safe Visitation by Designated Caregivers and Visitors

- Mandating same protective personal equipment (PPE) for designated caregivers as staff.
- Implementing outdoor and indoor visitation shelters in accordance with IPC standards while supporting safe family interactions with residents
- Updating visitation guidelines to support safe visitation in visitation shelters:
 - <https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf>
- Updated resources for sites to provide designated caregiver education on (IPC) principles and PPE.
 - [Long Term Care Visitor & Designated Caregiver IP&C Teaching Resource List](#) (Dec. 9, 2020)
- Some sites have accepted more family as designated caregivers to support ongoing monitoring of residents through the course of their illness.

Asymptomatic PCH staff Surveillance Rapid Testing Pilot Project

- Three Manitoba PCHs are participating in the pilot project and include Deer Lodge Centre (Winnipeg), Donwood Manor (Winnipeg) and Country Meadows Personal Care Home (Neepawa). The pilot started on Dec. 21, 2020, and ended Jan. 22.
- The pilot project tests staff showing no symptoms of COVID-19 and with no known exposure to the virus.
- Staff of facilities involved in the pilot project participate on a voluntary basis and have an opportunity to be tested once per week, while asymptomatic.
- The pilot project uses the Abbott Panbio COVID-19 rapid antigen test which provides a result in approximately 20 minutes.

- Upon successful completion of the demonstration project, the goal is to review the project evaluation to assess the value of continuing to roll-out surveillance to additional long-term care facilities.

Staffing Strategies

- Further refined team-based models of care for long-term care.
- Reviewed what has been implemented by each regional health authority and their next steps plan including any barriers and solutions.
- Rapid Response Teams
 - Regions in rural and northern leveraged acute care staff and Emergency Medical Services (EMS) to support sites where clinical acuity was increasing and PCH.
 - WRHA PCH Float Pool - Shared Health and WRHA looked at opportunities to redeploy community and continuing care resources preferably in blocks of time to support staffing stabilization in PCHs with high needs due to outbreaks. Through this effort, WRHA identified any support staff and professional resources (e.g. nursing, allied health, educators etc.) that could be redeployed to assist with IPC efforts in priority areas.
- Additional uncertified health care aides were hired by the Provincial Recruitment and Redeployment Team (PRRT) and deployed to PCH sites to support ongoing staffing needs. This has been a very effective and appreciated initiative to stabilize staffing.

Communication and Regional/Provincial Supports

- Leveraging WRHA's weekly reporting, all regions are now providing high-level weekly summary that include the number of outbreaks (staff or resident driven), strategies to manage both in urgent response and long-term strategies.
- All regions report meeting with their PCH operators daily when in outbreak. WRHA and Interlake–Eastern Health Region report providing additional regional management support on site when needed.
- PCH operators invited to provincial operations to hear the plan for vaccination rollout and ask for clarification of plans.
- Interim LTC lead checks in with PCH operators in outbreak to ensure any issues/concerns are being flagged and addressed appropriately and in a timely fashion.
- An N-95 fit testing blitz is being undertaken by all SDOs to prepare staff to wear a higher level of PPE protection for orange and red zones.

Clinical Learnings Shared Provincially

- All regions recognize the importance of oral/IV hydration and increased monitoring of residents who are COVID-19 positive.
- Sites reports early in wave two that they saw residents falling more frequently and losing their appetite or willingness to accept oral hydration.
- There is higher attention to support PCH sites with additional clinical and management supports as cases increase and residents reach seven/eight days post confirmation of the infection.
- Sites have been supported with additional IV poles, bedside tables and equipment to support isolation of COVID-19 positive cases, cohorting residents and supporting additional acuity.