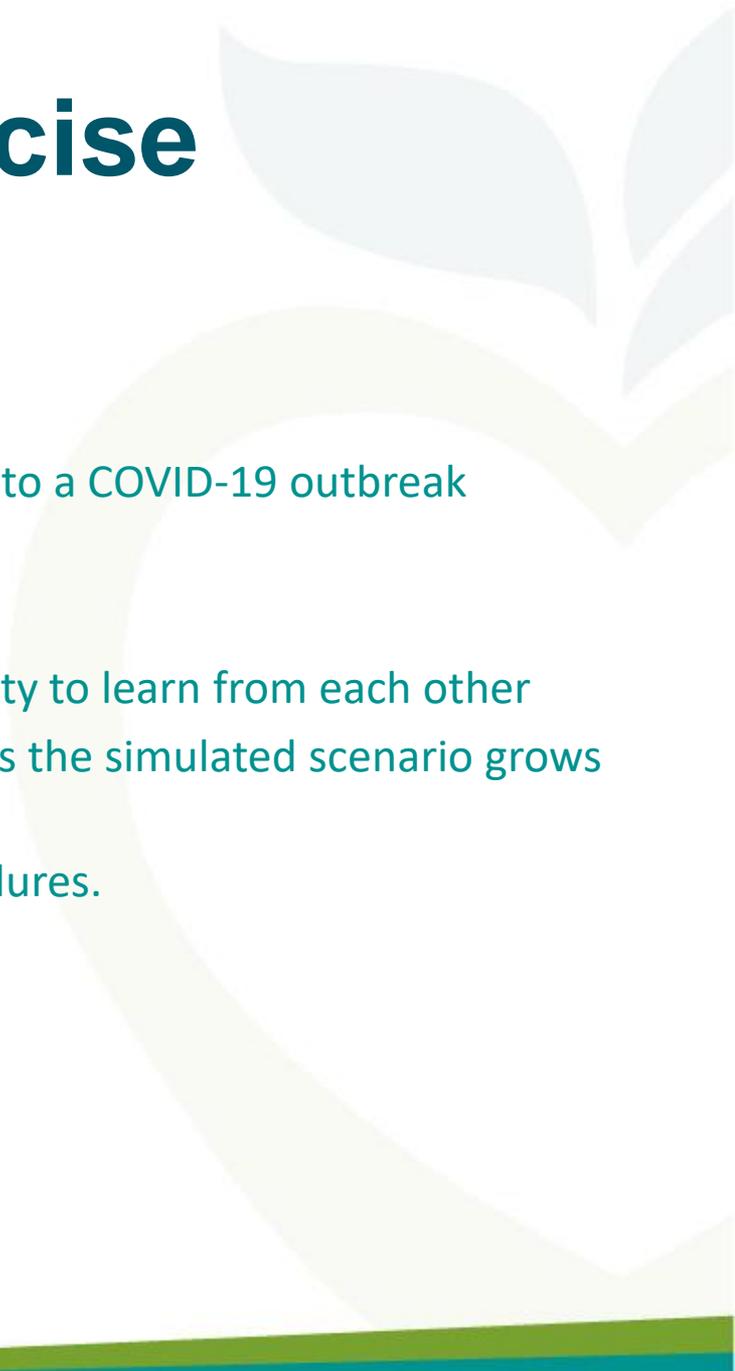


# COVID Outbreak Exercise

For Long-Term Care and  
Retirement Homes

October 6, 2020

# COVID Tabletop Exercise



## **Purpose:**

- Safe environment to learn and share
- Consider scenarios together
- Assess emergency plans and procedures in relation to a COVID-19 outbreak

## **Remember:**

- Please participate-all answers provide an opportunity to learn from each other
- Various inputs will be provided during the session as the simulated scenario grows and changes.
- Share your organizations' existing plans and procedures.
- This exercise is a simulation only

## **Our Hope:**

- Strengthen and clarify partnerships
- Identify areas for improvement

# During the Exercise

- There will be observers making notes regarding the overall exercise-review in the Debrief
- Place questions in the chat box-answer during or after
- After each input there will be time to answer and then share
- Did you receive the slides? If not please put your email address in the chat box

## **You May Need:**

- Tabletop exercise information sheet (emailed by WDGPH)
- Floorplan
- Cohorting plan
- Pandemic plan



# Roll Call

# Scenario:

The staff at your facility have been vigilant in maintaining heightened infection control measures and are always on the lookout for symptomatic residents.

Today is Saturday and a staff member who is actively screening residents this morning happens to notice that three residents are feeling off today.

One resident has a low-grade fever, one has a decreased appetite and did not eat their breakfast and the other has an unusual cough.

The staff member is not sure what to do next and is looking to you for guidance.

# Input #1 – Outbreak Case Definition

## **FACILITY:**

- Would this be considered an outbreak?
- Are all of the ill residents considered a case?
- What are your next steps to manage each resident and the current situation?

## **PUBLIC HEALTH:**

- The facility calls Public Health to report the cases. How do you direct the facility?
- What are your initial steps?

# Input #2 – Testing/Repatriation

- The next day Public Health calls and reports that the three symptomatic residents are positive for COVID-19

## **PUBLIC HEALTH:**

- The medical officer of health (MOH) has recommended facility wide swabbing of all residents in the facility to be completed as soon as possible. The facility reports having one registered staff. What are your next steps?

## **FACILITY:**

- You need to order 128 nasopharyngeal swabs for Monday to complete facility wide testing as recommended by the MOH. How do you proceed? (Today is Sunday)

## **HOSPITAL:**

- You have a resident that has been admitted and is ready for discharge back to the facility. The hospital is currently at 115% capacity. The home is unable to take the resident back given the outbreak. How do you facilitate this repatriation back to the facility?

## **LHIN/ONTARIO HEALTH/Guelph and Area OHT:**

- You receive a call from the hospital asking for assistance dealing with their current over capacity and that a number of their patients are being refused readmissions back to local long-term care homes. What do you do?

# Input #3 - Cohorting

- Overnight staff have identified 8 additional residents that are symptomatic in addition to the 3 COVID positive residents

## FACILITY A:

- The positive residents are in three different rooms, each has one roommate.
- 8 symptomatic residents - 2 are in a private room, 4 are in one wardroom and 2 are in semi-private rooms with asymptomatic roommates.

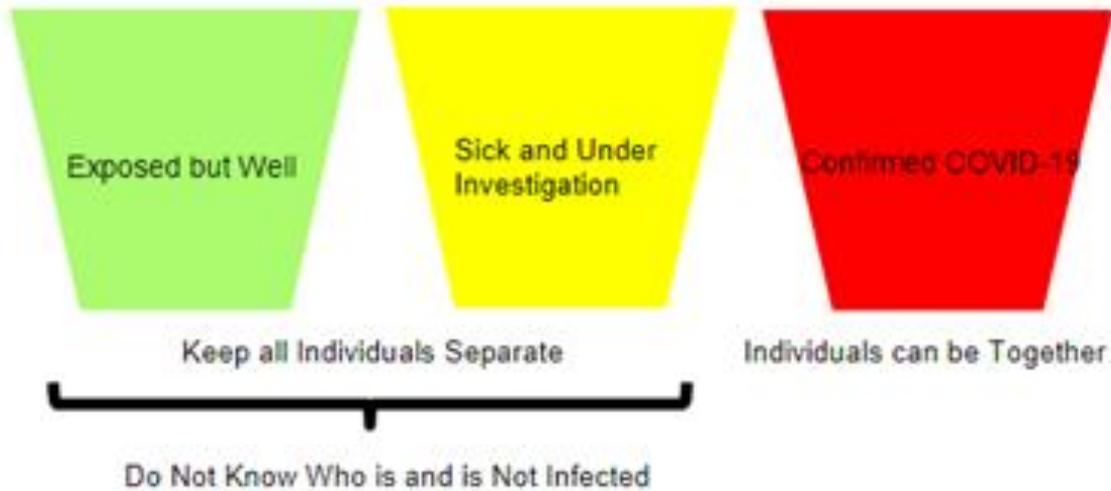
**3 – positive 8 – symptomatic 5 – exposed and well**

## FACILITY B:

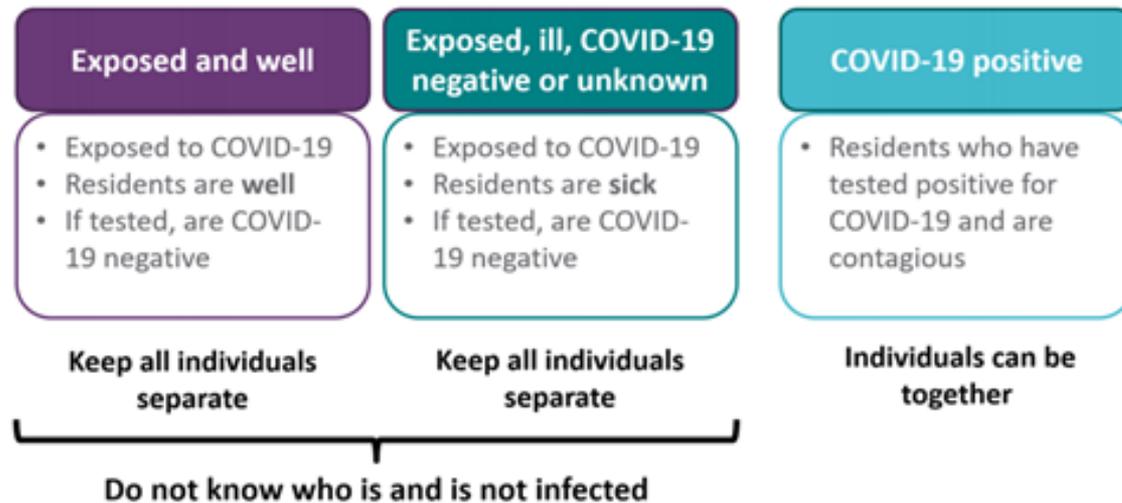
- The positive residents are in three different rooms with private bathrooms.
- 8 symptomatic residents - 2 are in a private room and bathroom, 6 are in a private room but each shares a bathroom with one asymptomatic resident.

**3 – positive 8 – symptomatic 6 – exposed and well**

- How do you cohort these residents and how do you cohort your staff ?



Source: WDGPH fact sheet and template- Isolating residents in long term care and retirement homes during COVID-19 outbreaks (May 20, 2020)



Source: PHO webinar - Cohorting During a COVID-19 Outbreak in a Congregate Living Setting webinar (July 21, 2020)

# Input #4 - Staffing

## **FACILITY:**

- Several staff have called in sick resulting in a serious staffing shortage. How do you manage this in order to meet minimum staffing levels?

## **LHIN/ONTARIO HEALTH/G & A OHT:**

- You receive notice of the outbreak from Public Health. Public health reports that the facility is in a severe staffing shortage. What are your next steps? When would the IMS structure be implemented and how? What partners do you confer with?

## **HOSPITAL:**

- You receive a phone call via the G & A OHT/Ontario Health requesting emergency staffing support to be sent to assist facility. An occupational health and safety assessment has not been completed. What are your next steps? Who is involved at this point? How quickly can staff be deployed to the home once requested?

## **NLOT:**

- The facility has called you requesting support/advice to care for residents safely despite staffing crisis. What are your next steps?

# Input #5 – PPE

## **FACILITY:**

- You only have a 3-day supply of PPE left. You typically notify head office when supplies are low, however head office cannot send supplies to you at all given the provincial shortages. How can you secure the PPE?

## **PUBLIC HEALTH:**

- You have just returned from the IPAC visit at the facility where staff told you they are running low on PPE. Without help, the facility will not be able to safely provide care by the end of the day. You determine that this facility should be flagged from a “yellow” to a “red”. Who do you notify? What do you do next?

## **LHIN/ONTARIO HEALTH/G & A OHT:**

- You have PPE that can be deployed to the facility however a storm has blown into the area and all major roads have been closed by police order. How can you provide the supplies to the facility in time?

# Input #6 - Decanting

The outbreak is now affecting over 50% of residents in the facility and 50% of residents still asymptomatic. Of the asymptomatic residents, some have been exposed and are in isolation and others are well. The facility has unfortunately had 15 deaths in the last 2 days. Staffing is currently at a crisis level and there are very little staff able to work.

## HOSPITAL:

- You receive a call from the facility asking whether the hospital can assist with taking in the asymptomatic residents. The hospital is at capacity. Can you assist in any other way?

## FACILITY:

- As the hospital is unable to assist, you have family members that are willing to take in their loved ones. What measures must take place before these residents can be decanted?

## LHIN/ONTARIO HEALTH/G and A OHT:

- The hospital is at capacity and cannot take resident transfers. There is very little time to arrange all support services for the resident before they are decanted. How would you arrange for the support services in the community? How would you communicate the COVID-19 status of the decanted resident prior to the transfer?

# Wrap Up and Discussion

- **Hospital/LHIN/Ontario Health/G and A OHT/NLOT:**
  - Do you have any additional feedback to provide?
- Do you have any unanswered questions?
- What is one action item you will implement right away?
- What did you find helpful?
- Did you learn more about other organization's role?



**Thank you  
For Participating!**