

COVID-19 LTC Simulation Attendance Record and Summary Form

Site:		Location:	
Facilitator(s):		Date:	Time:
Number of healthcare disciplines involved:			
<input type="checkbox"/> HCA	<input type="checkbox"/> LPN	<input type="checkbox"/> RN	<input type="checkbox"/> RPN
<input type="checkbox"/> Nursing Students	<input type="checkbox"/> MD	<input type="checkbox"/> SW	<input type="checkbox"/> OT/PT
Other:			
Case(s): <input type="checkbox"/> Part #1 A suspect case of COVID-19 where the resident is experiencing COVID-19 symptoms. <input type="checkbox"/> Part #2 A suspect case of COVID-19 where the resident's COVID-19 swab returns positive. <input type="checkbox"/> Part #3 A positive COVID-19 case that becomes palliative and passes away at your facility. <input type="checkbox"/> Communication of a Potential Exposure to a COVID-19 Resident Case <input type="checkbox"/> Interprofessional Team Huddle			
Name		Employee ID#	
Discussions, Learning Points and Actions Items			
Consider: The experience of the residents and care team, the policies and procedures, infection control, safety and areas for improvement.			
Discussion topics			Actions Items and Person Responsible

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Successes, Tips, and Take Away Points

After each session please complete and forward to Christina.pfeifer@viha.ca.

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