

This Guide has been developed to be utilized in combination with the *Coaches Simulation Support* document, to assist facilitators during their simulation re-enactments.

This guide illustrates the expected responses for the following scenario:

1. Communication of a Potential Exposure to a COVID-19 Resident

To assist your facilitation of this scenario, consider reviewing the <u>COVID-19 Response Protocol: Long Term Care Facility (LTCF)</u>, <u>Island Health Disclosure of Possible COVID-19 Exposure for Inpatients of Acute Care and Residents or Clients of LTC and MHSU Facilities (Information Disclosure Communication Tool)</u>, Patient Safety Incident Disclosure Procedure and the <u>Island Health Conversation Guide for Long Term Care documents</u>.

Simulation Session

Communication of a Potential Exposure to a COVID-19 Resident Case

Video Clip: 00:00 - 05:13

Scene:

Nurse Clinician: "If we had a positive COVID-19 case, I would be nervous about calling the family."

Charge Nurse: "Being nervous is totally understandable. There is a resource called the *Information Disclosure Communication Tool* to help you share this information with the families."

Nurse Clinician and resident family member are having a telephone conversation.

Critical thinking - Before the Call:

- Determine the most appropriate person to call. Likely the CNE, CNL, Manager, or MRP.
- Know the resident's name, most recent status update, how they are doing today.
- Know the dates of exposure, anticipated swabbing date and anticipated result date.
- Know the relationship of the individual you are calling daughter, son, other relation.



Scenario	Communication Tips
Ask the assigned participants to enact the scenario. Invite participants and observers to keep an eye out for any of the Disclosure Stages and Principles from the Disclosure resource.	Use the Communication Tips to guide the participants as needed and inform your debriefing.
Nurse Clinician: Good Morning, may I please speak to Joanne Anderson? Resident's daughter: Yes, this is she.	Encourage participants to start this conversation in language that is comfortable to them.
Clinician: Hi Joanne, my name is Lisa and I am one of the nurses caring for you mother. First of all, your mom is doing just fine, however I have some news to share with you. Is now an ok time to talk.	Consider: letting the family member know their loved one is okay before proceeding to ease anxiety.
Resident's daughter: Oh hi Lisa. Yes, now is fine. Is everything ok?	Stages and Principles: Acknowledge and apologize for the incident.
Clinician: I am calling to share with you that there has been an exposure to a positive case of COVID-19 in the care home. I am so sorry that this has occurred and I assure you that we are taking steps to minimize any risk to your mom. I know this is a stressful time to have a loved one in care and we sincerely apologize.	
Daughter: Oh. Wow. What are you doing to minimize the risks?	
Clinician : Well over the past year we have been monitoring all the residents very closely, as soon as we discovered the exposure today, we've placed the affected person on precautions and did an extra cleaning of all common areas. The risk of your mother becoming ill is low, and we are taking these measures to continue to safeguard all of those at the care home.	Stages and Principles: Provide known and agreed-upon facts about the incident.
Daughter: What do you mean by precautions?	



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Clinician: When we talk about precautions, it means that all of the staff who care for the affected person will be wearing gowns and gloves with their masks and eye protection. We are also closely monitoring for COVID-19 symptoms, similar to influenza and the stomach flu. All residents and staff are being tested for COVID-19 to monitor for potential spread. If your mother's results come back positive, we will let you know right away.	Stages and Principles: Explain any resulting changes to the patient's care plan. Stages and Principles: Outline the next steps and projected timeline, as applicable.
Daughter: Can I still visit my mom?	
Clinician : I'm very sorry, but you won't be able to visit your mother right now. Instead, we can arrange for virtual visits with your mom until the outbreak is declared over and in person visits can resume.	Stages and Principles: Explain any resulting changes to the patient's care plan.
I've just given you a lot of information, I'm curious if you have any questions about what has happened or what will happen next.	
Resident's daughter: How was COVID-19 brought into the care home? Was it a visitor? A staff member?	
Nurse Clinician: Unfortunately due to privacy regulations, I am not able to give out any specifics about how the exposure happened, but I can confirm that as soon as it was discovered we took action to protect your mom.	Stages and Principles: Avoid speculation.
Resident's daughter: Well I just visited yesterday, do I need to be tested as well?	Stages and Principles: Invite the patient (or family member) to share their perspective, and listen to their concerns.



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Nurse Clinician: I appreciate your concern, what we know is that COVID-19 swab results are more accurate when taken on someone who is showing symptoms.	
It's important to actively monitor yourself for influenza or stomach flu symptoms, or any other symptoms that concern you. If you develop any please contact your healthcare provider or call the BC Health line at 8-1-1 for recommendations.	Stages and Principles: Provide patient (or family member) with information for a single point of contact. For the documentation, please refer to the Patient Safety Incident Disclosure Procedure. In this procedure, under Documentation of the Disclosure of Possible COVID-19 Exposure Event, it lists:
I realize that questions may come up for you after this call has ended, and we want to offer you continued support. If you have any further questions we are here to answer them. You can call back and ask for the charge nurse for more information.	
Resident's daughter : Thank you for the call, I'm sorry to hear someone's ill in the care home. Thank you for looking after my mom, please call me if there are any changes.	
Nurse Clinician: Yes we absolutely will.	Document the facts in the Progress Notes –
Nurse Clinician will document in the resident clinical record that communication with the family has occurred.	 The consent discussions, options, and decisions made by the resident or the family regarding any future clinical investigations, treatments, and consultations and the rationale for these Any care provided Consider having an example of what the documentation would look like. Stages and Principles: Document disclosure in a patient health record.
Return to Simulation Support for debriefing guidance	

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