



Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

This Guide has been developed to be utilized in combination with the *LTC COVID-19 Coaches Simulation Support¹* document, to assist COVID-19 Coaches during their facilitation of scenario re-enactments.

This guide illustrates the expected responses for three different scenarios:

1. A suspect case of COVID-19 where the resident is experiencing COVID-19 symptoms.
2. A suspect case of COVID-19 where the resident's COVID-19 swab returns positive.
3. A positive COVID-19 case that becomes palliative and passes away at your facility.

Outlined below are the steps followed in each of the three scenarios. It is important to remember that should there become a positive case at your site the final decision of where care will be given lies with the Medical Health Officer in your area. Each case will be assessed on an individual basis and decisions made accordingly. Each case may have different outcomes but the principles of Infection Prevention and Control will always remain the same at each facility. The [COVID-19 Response Protocol: Long-term Care Facility \(LTCF\)](#) will always be used to guide Management and staff through each scenario.

This video has been designed to provide the option of being completed in either one session or three separate sessions. When choosing the one session format, ensure you plan time for a debriefing following each part of the video re-enactments. For separate sessions, facilitators can begin with Scenario Part 1 and have the option to complete Parts 2 and 3 at another time. In either format, repeat the scenarios as needed until the participants feel comfortable and confident in their responses.

Video link: <https://vimeo.com/442152966/c4f33a9d82>

Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

Simulation Session	
Scenario Part 1	
<p>Video Clip: 00:00 – 08:27</p> <p>Scenario Time: 11:00 on the day the resident’s symptoms are identified.</p> <p>Scene: A HCA is walking with a resident with mild cognitive impairment (CPS=2/6) in the hallway near the resident’s room. The resident begins to cough in paroxysms and complains of a sore throat. When vital signs were taken they were within normal range.</p> <p>Critical thinking: The resident is exhibiting symptoms of COVID-19.</p>	
Ask the assigned participants to respond to the scenario. Compare to the Best Practice Actions.	Use the Best Practice Actions and Communication Tips to guide the participants as needed.
<p>Best Practice Actions: HCA</p> <ol style="list-style-type: none"> 1. The HCA remains in the area; communicates to staff member’s resident cough and request to remove other residents and escort to their rooms. A staff member remains to redirect residents from the area. 2. HCA assists resident to apply a mask. Returns resident to own room. HCA describes isolation requirements. 3. Reports to nurse. 4. HCA washes hands and applies droplet and contact PPE including face visor [goggles] with HCA observer. 5. Garbage and laundry carts placed in resident’s room for doffing. 6. HCA assists resident transfer to bed and remains as an observer for symptoms. 7. Second HCA (observer) posts droplet and contact precaution signage, prepares the PPR door hanger – isolation carts. <p>Best Practice Actions: Nurse</p> <ol style="list-style-type: none"> 1. Nurse notifies Housekeeping supervisor for enhanced cleaning of hallway. 2. Nurse checks MOST – M1. 3. Nurse holds a huddle for care and service team members about suspected COVID-19 case. 	<p>Communication Tips:</p> <p>HCA Script: “During the COVID-19 Pandemic we ask that resident with a cough and sore throat wear a mask and return to their room.”</p> <p>HCA washes hands prior to and after assisting the resident to don the mask and leads her to her room.</p> <p>“I’ll be changing into protective clothing and along with some equipment will help you get settled in your room.”</p>



Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

Simulation Session	
Scenario Part 1 (continued)	
Ask the assigned participants to respond to the scenario. Compare to the Best Practice Actions.	Use the Best Practice Actions and Communication Tips to guide the participants as needed.
<ol style="list-style-type: none"> 4. Updates POC and ADL. 5. Charge nurse begins COVID-19 response protocol. <ul style="list-style-type: none"> o Contacts Allied staff, manager, CNL, and Activity, Housekeeping, Dietary, FMO services supervisors. o Prepares for HCA 1:1 supervision of resident. 6. Nurse washes hands and dons gloves to clean vital sign machine with accelerated hydrogen peroxide wipes before and after use. 7. Nurse obtains NP swab from supply. 8. Nurse washes hands and dons droplet and contact PPE with observer present. 9. Nurse enters the room with cleaned equipment. 10. Nurse explains COVID-19 response procedure, isolation, precautions and symptom management. 11. Takes vital signs and temporal temperature. 12. Nurse collects NP specimen. 13. Nurse doffs PPE and performs hand hygiene. 14. Nurse sends NP swab, by taxi, to Laboratory with cold pack. 15. Documents in Progress Note, POC, Communication Board, Respiratory/ILI tracking form. 16. Nurse, using SBAR, contacts physician for treatment and reviews any aerosol generating medical procedures (AGMP). Determines who will contact family. 17. Charge Nurse contacts family and describes essential visitor requirements. 	<p>Nurse Script - huddle: “[Resident Name] has a cough and sore throat and meets the COVID-10 case definition. She is isolated in her room with an HCA assigned as a 1:1. I will collect a NP swab to send to lab with the results available in 24-48hours. During this time, she will remain isolated in her room, on droplet and contact precautions. Please contact me prior to entering her room. The Charge Nurse has contacted the MD, family, infection control. Meal delivery is by HCA/nursing staff.</p> <p>Nurse Script with resident: “I understand you have a cough and sore throat. Tell me how you are feeling.” “So you are feeling chilled and have a headache. To better understand your condition, I’m here to take this swab by placing it inside your nostril for a couple seconds.”</p> <p>Nurse completes procedure.</p> <p>“I’m now going to take your temperature, blood pressure, and pulse.”</p> <p>Nurse completes the procedure.</p> <p>“I’m now going to send the swab to the Laboratory with the results returning in 24-48 hours. [HCA name] will stay with you for your comfort and will contact me if anything changes for you.”</p>
Return to <i>LTC C-19 Simulation Support</i> for debriefing guidance	



Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

Simulation Session	
Scenario Part 2	
<p>Video Clip: 08:27 – 11:26</p> <p>Scenario Time: 10:00 am the day after the onset of COVID-19 symptoms.</p> <p>Scene: The resident’s status remains stable and they are still coughing and complain of a sore throat. Temperature remains the same. The NP result is positive. The care team inform the Manager and a Leadership Simulation is scheduled to discuss care options.</p>	
<p>Ask the assigned participants to respond to the scenario. Compare to the Best Practice Actions.</p>	<p>Use the Best Practice Actions and Communication Tips to guide the participants as needed.</p>
<p>Best Practice Actions: Nurse</p> <ol style="list-style-type: none"> 1. Nurses hold care and service huddle. 2. Nurse contacts physician, Manager, CNL, and Charge Nurse of NP swab result. 3. Charge nurse contacts family – explains NP swab result and transport to cohort unit. 4. Charge Nurse explains essential visitor requirements for cohort unity. 5. Charge Nurse contacts Allied, Activity, housekeeping, dietary, FMO services. 6. Nurse washes hands and dons droplet and contact PPE with observer. 7. Explains and describes transfer to resident. 8. Applies pink band to wrist. 9. Provides phone for resident to contact family member for their personal calls. 10. Applies a mask for transfer. 11. Nurse doffs droplet and contact PPE with observer and performs hand hygiene. 12. Nurse documents on the Complex Care ED transfer sheet. 13. When resident leaves room, the nurse notifies housekeeping for terminal clean. 	<p>Communication Tips:</p> <p>Nurse team huddle: “[Resident Name]’s NP swab is positive and she still has a fever. Following the Leadership Simulation it was decided that [Resident Name] will be transferred to the cohort unity by Ambulance. I will be contacting the physician and the Charge Nurse who will be contact the family, Allied staff, Housekeeping, Dietary, and FMO services. Before entering room, please check for all required supplies to avoid repeated PPE use.”</p> <p>Nurse Script with Resident: “[Resident Name], your swab result is positive for COVID-19. Your temperature remains the same so I’m pleased to see that you are remaining comfortable. For your safety, we are transferring you to a specialized unit in... so that you can receive the best possible care. I will arrange your transport. For your safety and others, you’ll wear a mask during your journey. I have contacted your daughter to let her know about this change and that your condition has remained stable.”</p>
<p>Return to <i>LTC C-19 Simulation Support</i> for debriefing guidance</p>	

Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

Simulation Session	
Scenario Part 3	
<p>Video Clip: 11:26 – 16:14</p> <p>Scenario Time: 9:00 am</p> <p>Scene: Resident’s condition is worsening. Temperature increased to 38 C, SaO2 85%. Dyspneic – respirations 6 and not easily aroused.</p> <p>Critical Thinking: Resident’s condition is palliative.</p>	
<p>Ask the assigned participants to respond to the scenario. Compare to the Best Practice Actions.</p>	<p>Use the Best Practice Actions and Communication Tips to guide the participants as needed.</p>
<p>Best Practice Actions: HCA/Nurse</p> <ol style="list-style-type: none"> 1. HCA reports to nurse resident change in condition. Applies cool cloth to head and holds resident’s hand. 2. Nurse cleans Vital Sign machine with accelerated hydrogen peroxide wipes. 3. Nurse and HCA washes hands and don droplet and contact PPE with observer. 4. Nurse enters room with V/S machine. 5. HCA enters room with fresh linen and fluids. 6. Nurse explains V/S procedure and resident is febrile. Inspects abdomen and lower limbs. 7. Nurse doffs droplet and contact PPE in room with HCA observer with exception of the mask and performs hand hygiene. Remove the mask immediately after leaving the room and performing hand hygiene. Apply new mask and perform hand hygiene. 8. HCA remains in room and offers cool cloth and fluids. 9. Nurse contacts physician to consult on treatment and palliative orders. 10. Nurse or Charge Nurse contacts family re: health condition and essential visitor requirements. 	<p>Communication Tips:</p> <p>HCA script: “[Resident Name] is becoming restless, and she looks flushed.”</p> <p>Nurse Script with HCA: “Thank you, please let her know that I’m coming to see and examine her.”</p> <p>Nurse to resident. “[HCA Name] has let me know that you are feeling warmer and less comfortable. I’m going to take your temperature, BP, and pulse.”</p> <p>Nurse team huddle: “[Resident Name]’s condition has changed. Her temperature is now 38°C, O2 Sats 94% Respirations- 20 HR -100. I have contacted the physician and family. Before entering room, please check for all required supplies to avoid PPE use. Report to me prior to entering the room. Meal delivery service is by HCA/nursing staff. The resident’s daughter will be here in 30 minutes as an essential visitor.”</p>

Simulation Scenario Guide: Suspect, Positive, and Palliative COVID-19 Resident Case

Simulation Session	
Scenario Part 3 (continued)	
Ask the assigned participants to respond to the scenario. Compare to the Best Practice Actions.	Use the Best Practice Actions and Communication Tips to guide the participants as needed.
<ol style="list-style-type: none"> 11. Nurse documents health condition assessment on Progress Notes, V/S on flow sheet, revises POC and Communication Board. 12. Nurse holds a COVID-19 huddle with HCA, allied, housekeeping and dietary staff – develops check-list of care requirements before entering room. 13. Nurse prepares palliative medication and COVID-19 kit. 14. Nurse explains procedure, SQ inserted and palliative comfort measures administered. 	<p>Nurse script with resident: “To help you feel more comfortable, I’m applying the nasal prongs to help you breathe easier. I’m also going to give you some pain medication for your comfort.” Resident moans a little when the nurse inserts the s/c.</p> <p>Nurse script with family: “Do you have any questions about your Mom’s condition and how we can help her remain comfortable?”</p> <p>The family states they spoke with the Charge Nurse and are aware that her mother is palliative and the essential visitor requirements. One member of family is already present with droplet and contact PPE on. Family members aware of procedure for one visitor at a time.</p>
Scenario Time: 2100 the same day	Scene: Resident is deceased and the funeral home transport arranged.
<p>Best Practice Actions: HCA/Nurse</p> <ol style="list-style-type: none"> 1. Family member has departed after doffing PPE with observer. 2. HCA prepares deceased resident. 3. Nurse doff PPE and performs hand hygiene. 4. Nurse pronounces death and notifies the physician to sign Death Certificate. 5. Family notified of deceased resident. 6. Family requested to contact funeral home. 7. Nurse contacts funeral home to inform positive COVID-19 precautions. 8. HCA observes Funeral Home Attendant donning PPE to move resident to funeral home with shroud and stretcher. Attendants doff gloves and PPE, wash hands and apply clean gloves prior to transporting deceased resident. 	<p>Communication Tips:</p> <p>Nurse script with family: “I’m so sorry for your loss. It was a great pleasure to care for your mom/dad. I understand that you have selected a funeral home. Would you please contact them? I will call them to inform them of the procedures they will need to follow.”</p>
Return to <i>LTC C-19 Simulation Support</i> for debriefing guidance	

This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/)

