

Guidance Document: Identifying Beds in Long-Term Care Homes that Must be Vacant or Should be Used Only as Isolation Beds

FREQUENTLY ASKED QUESTIONS

Q1: Does the Guidance Document: Identifying Beds in Long-Term Care Homes that Must be Vacant or Should be Used Only as Isolation Beds (Guidance Document) set out new requirements?

Answer:

This Guidance Document does not set out new requirements. It is intended to help Long-Term Care homes (LTCH) identify the beds that must be vacant or should be used only for isolating residents to meet the requirements in Directive #3.

Q2: Why didn't the Guidance Document include a recommended number or a formula for determining the number of beds that should be used only for isolation?

Answer:

Due to the unique nature and characteristics of each long-term care home, and the local public health's zone according to Ontario Regulation 363/20 (O. Reg. 363/20) made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, a set recommended number of beds or formula to be used to determine the number of beds that should be set aside and used only for isolation would not be applicable across all LTCHs. The guidance document identifies key factors that should be considered when identifying the number of beds that a LTCH should set aside for isolation. LTCHs are encouraged to work with their local public health unit when considering the appropriate number of beds for isolation.

Q3: How many beds should be left vacant during an outbreak for cohorting?

Answer:

The number of vacant beds that are needed when a LTCH is experiencing an outbreak to implement cohorting of residents is unique to each home. Long-term care homes should consult with their local public health unit once an outbreak is declared. Public health resources on cohorting during an outbreak of COVID-19 in LTCHs are found [here](#).

Q4: Can LTCHs leave beds vacant if there is insufficient staffing for additional residents?

Answer:

Directive #3 requires LTCHs to leave certain beds vacant (e.g., vacant third and fourth beds in ward rooms when residents are discharged, admitted to the hospital or spend two (2) or more nights in the emergency room).

To comply with Directive #3, LTCHs should leave certain beds vacant to be used for isolating residents:

- upon admission to the LTCH;
- upon return to the LTCH after being admitted to the hospital;
- upon return to the LTCH after spending two (2) or more nights in the emergency room;
- upon return to the LTCH after a temporary absence from the home; and
- with signs and symptoms of COVID-19.

If a vacant bed is not available for occupancy for more than 14 days for reasons other than those identified in Directive #3 (summarized in paragraph above), the LTCH must notify and obtain the permission of the Director appointed for the purposes of section 104 of the *Long-Term Care Homes Act, 2007*.

Q5: Can a resident from a three (3) or four (4) bed ward room return to that room following an overnight temporary absence?

Answer:

Residents returning from a temporary absence must be isolated for 14 days. Following the isolation period, the resident may return to their three (3) or four (4) bed ward room after being actively screened. They are not required to be tested or self-isolate. If a resident is admitted to the hospital at any point, LTCHs should follow the steps for Admissions and Transfers under Directive #3.