

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

Version 1 – February 24, 2021

The purpose of this document is to provide guidance to long-term care home (LTCH) licensees for the purposes of identifying beds that must be vacant or should be used only for isolating residents during the COVID-19 pandemic to meet the requirements in Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* (Directive #3) issued by the Chief Medical Officer of Health. To the extent that anything in this Guidance Document conflicts with Directive #3, Directive #3 prevails, and must be followed by homes. As public health measures continue to evolve, this Guidance Document will be updated to reflect the latest public health guidance.

This Guidance Document is intended to help LTCHs identify beds to keep vacant or to be used only for isolation while the home is not in an outbreak. Where an outbreak has been declared in the LTCH, additional beds may need to be vacant to facilitate cohorting of residents. Additional guidance on cohorting, environmental cleaning after resident moves, and infection prevention and control practices during COVID-19 can be found [here](#).

### **Beds in Ward Rooms That Must Be Vacant**

Directive #3 requires that individuals being admitted to a LTCH or transferred back to their LTCH after being admitted to a hospital or spending two (2) or more nights in the emergency room must be placed in a single room to complete their 14-day self-isolation. Where this is not possible, they may be placed in a room with no more than one (1) other resident, who should also be placed in isolation under Droplet and Contact Precautions. At any time, there should not be more than two (2) residents in a room, including three (3) and four (4) bed ward rooms. In order to ensure that there are no more than two (2) residents in a ward room as required by Directive #3, the below chart offers guidance on the circumstances in which a ward room bed must be left vacant.

A bed in a ward room must be left vacant if:

A resident who occupied a bed in the ward room is:  
 a) discharged from the LTCH, OR  
 b) is admitted to the hospital at any point, OR  
 c) spends two or more nights in the emergency room.

AND

There are two or more residents who continue to occupy a bed in the ward room.

Note: A resident who leaves the LTCH on a medical absence for an outpatient visit or single night emergency room visit can return to their bed in the three (3) or four (4) bed room, if there are two (2) or more residents who continue to occupy a bed in the ward room.

### **Beds for Isolating Residents Upon Admission to the Long-Term Care Home or Return from Hospital in Certain Cases or Return from Temporary Absence**

Directive #3 requires that individuals must be placed in a single room and complete a 14-day self-isolation: (1) on admission to the LTCH; (2) on return to the LTCH after being admitted to a hospital; (3) on return to the LTCH after spending two (2) or more nights in the emergency room; and (4) after being away from the home overnight on temporary absence (except for a single night in the emergency room).

In the LTCH, a resident must isolate (in a single room\*), when:

The resident has not been cleared of COVID-19 by the local public health unit in the past 90 days prior to admission/transfer and at least one of the following conditions apply:  
 a) The resident is being admitted to the LTCH, OR  
 b) The resident is returning to the LTCH after being admitted to the hospital at any point, OR  
 c) The resident is returning to the LTCH after spending two or more nights in the emergency room

OR

The resident is returning from a temporary absence and all of the following conditions apply:  
 a) The resident was not admitted to the hospital at any point during the absence.  
 b) The resident did not spend two or more nights in the emergency room during the absence.

\*Individuals must be placed in a single room on admission or transfer back to the LTCH to complete their 14-day self-isolation period. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who should also be placed in isolation under Droplet and Contact Precautions.

Note: Individuals who have previously had lab-confirmed COVID-19 and have been cleared by the local public health unit within the last 90 days prior to admission/transfer do not need to be re-tested and do not need to self-isolate upon admission/transfer to the LTCH.

Note: For long-term care homes located in public health unit regions in the Green-Prevent zone category according to Ontario Regulation 363/20 (O. Reg. 363/20) under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*-an admission/transfer to an LTCH from a hospital may occur without the required 14-day self-isolation period provided that neither the hospital nor the LTCH are experiencing a COVID-19 outbreak and both the hospital and the LTCH are located in areas that are in the Green-Prevent zone. This transfer may occur if the individual has had a negative COVID-19 test within 24 hours of transfer. In the event that the test result is not available within the 24-hour period, the transfer can occur, but the individual must remain in isolation in the LTCH until the negative test result is received. If this test result is positive, the individual must continue their self-isolation and the LTCH must contact their local public health unit.

Each LTCH has unique characteristics that need to be considered when identifying the necessary number of beds that should be set aside for the purpose of isolating residents upon admission to the LTCH or return from hospital in certain cases (outlined above) or temporary absence. LTCHs should also consider the following when identifying the number of beds that are to be set aside for isolating residents upon admission or return from hospital in certain cases or temporary absence:

- The total bed capacity in the LTCH.
- The layout of the LTCH, layout and size of rooms and whether there is a dedicated area of the LTCH used for isolation purposes.
- Number of residents per washroom/showering facility.
- The frequency of beds in rooms shared by two residents becoming available for admission.
- The frequency of admissions to the hospital or spending two (2) or more nights in the emergency room for residents who have not previously had lab-confirmed COVID-19 and have not been cleared by the local public health unit within the last 90 days.
- The public health's zone according to O. Reg. 363/20 in which the LTCH is located.

Long-term care homes are encouraged to work with their local public health unit when determining the appropriate number of beds for isolation.

## **Beds for Isolating Residents With COVID-19 Symptoms**

Directive #3 requires that a resident with signs and symptoms of COVID-19 must be in isolation under Droplet and Contact Precautions in a single room, if possible.

Each LTCH has unique characteristics that need to be considered when identifying the necessary number of beds that should be set aside for the purpose of isolating residents with COVID-19 symptoms. Long-term care homes should also consider the following when identifying the number of beds that are to be set aside for isolating residents with symptoms:

- Number of beds that are in rooms shared by two (2) residents or ward rooms which would necessitate moving the ill resident to a single room and putting in measures to isolate the one to three (1-3) resident roommates that were exposed.
- Appropriate alternate spaces that could be used for the purposes of isolation (e.g., overnight rooms for family members, lounges, etc.).
- The public health's zone according to O. Reg. 363/20 in which the LTCH is located.

### **Additional Information:**

If you have any questions or require further information, please contact the Ministry of Long-Term Care: [LTC.info@Ontario.ca](mailto:LTC.info@Ontario.ca)

## Appendix A - Sample Scenarios

The following scenarios are for illustrative purposes only and do not constitute minimum requirements, best practices or guidelines for the number of beds that an LTCH may set aside. Each LTCH should take into consideration their unique characteristics (outlined above) for determining the number of beds to set aside for isolation specific to that LTCH and also follow any direction from the local public health unit.

### Scenario for LTCH “A”

LTCH “A” has 60 licensed beds. Twenty-four (24) beds are in six (6) four (4)-bed ward rooms. Sixteen (16) beds are in eight (8) two (2)-bed rooms. 20 beds are in private rooms. Each month, about one (1) bed becomes available for occupancy in a two (2)-bed room. The LTCH is located in the Green-Prevent zone according to O. Reg. 363/20. There are no appropriate alternate spaces in the LTCH that could be used for isolation.

- Due to residents from ward rooms being admitted to the hospital or spending two (2) or more nights in the emergency room or were discharged from the LTCH, LTCH “A” has a total of 12 rooms that must be left vacant.
- LTCH “A” must decide how many beds they set aside for isolating residents upon admission to the LTCH or return from hospital in certain cases (outlined above) or temporary absence based on the considerations mentioned above.
- LTCH “A” must decide how many beds they set aside for isolating residents with symptoms based on the considerations mentioned above.
- LTCH “A” has a total of 12 beds that are not available for occupation in ward rooms. In addition they would have a certain number set aside for isolation based on their unique circumstances. Once all single bed rooms are being used to isolate ill residents, COVID-19 positive residents may need to be cohorted in shared rooms.

### Scenario for LTCH “B”

LTCH “B” has 100 beds in two (2)-bed rooms and 100 beds in private rooms. Each month about two (2) beds become available for occupancy in a two (2)-bed room. Residents have not needed hospital admissions/transfers in recent months. Appropriate alternate spaces could be used for isolation for four (4) residents. The LTCH is located in Red-Control zone according to O. Reg. 363/20.

- LTCH “B” must decide how many single bed rooms are set aside for isolating residents upon admission to the LTCH or return from hospital in certain cases (outlined above) or temporary absence based on the considerations mentioned above.
- LTCH “B” must decide how many single bed rooms are sets aside for isolating residents with symptoms.

LTCH “B” will have a certain number of beds based on their determination that are not available for occupation. Once all single bed rooms are used to isolate ill residents, COVID-19 positive residents may need to be placed in shared rooms.