

Ministry of Health

COVID-19 Guidance: Long-Term Care Homes

Version 3 - March 17, 2020

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

- The latest directives from the Ministry of Long-Term Care (MLTC) are shared through LTCHomes.net; please should check this site frequently for updates.
- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, case definition, FAQs, and other information: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

Long-Term Care Home Setting

1. The resident community in Long-Term Care Homes (LTCHs) is likely to be older, frailer, and have complex chronic conditions. Residents may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways. Respiratory infections can be more easily transmitted in an institutional environment.
2. Emerging information on COVID-19 suggests elderly individuals and those with underlying health conditions are at increased risk of severe outcomes. In addition to following the guidance for respiratory outbreak and COVID-19 prevention from the MOH, LTCHs should conduct active screening of all resident admissions, returning residents, re-admissions, and healthcare workers (HCWs).
3. Only essential visitors should be permitted to enter and must continue to be actively screened into these settings. Those who fail screening should not be permitted to enter. Essential visitors are those who have a resident who is very ill or requiring end-of-life care.
4. The guidance in this document has been developed specifically for implementation in LTCHs but can be adapted to other settings as appropriate (i.e. retirement homes).

Screening

5. As part of routine measures for the respiratory season, existing signage should be visible that reminds all persons in the building to perform hand hygiene and follow respiratory etiquette.

Active Screening for HCWs and Visitors

6. LTCHs should have a screener at the entrance to conduct active screening of HCWs and visitors during business hours and change of shift. Outside of these times, the home's charge nurse/administrator should develop processes and procedures to ensure that all people arriving at the home are screened and visits are logged. These procedures are to apply seven days a week 24 hours a day. A detailed screening tool is available on the MOH [COVID-19 website](#).
7. LTCHs should instruct all HCWs to [self-monitor](#) for COVID-19 at home as well as potential exposure risks that require self-monitoring or self-isolation. All persons should be made aware of early signs and symptoms of acute respiratory infection (such as fever, cough or shortness of breath).
8. All HCWs who are **required** to self-isolate must not come to work. Anyone with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTCH.
9. All HCWs who have been **advised** to self-monitor for 14 days from an exposure should discuss with their supervisor whether to come to work.

Active Screening for Resident Admissions, Resident Re-Admissions and Returning Residents

10. LTCHs should conduct active screening (when possible, over-the-phone screening) for all new admissions, re-admissions or returning residents for symptoms compatible with COVID-19 or any travel history in the past 14 days or other exposures to individuals with probable or confirmed COVID-19.
11. LTCHs must consult with the local public health unit if an in-coming or returning resident has symptoms compatible with COVID-19, travel history outside of Canada, or other potential exposure to COVID-19.

Positive Screening: What to do

12. LTCHs should provide further guidance (e.g., over the phone or at screening table near points of arrival) to anyone with respiratory symptoms or who have traveled or who have been exposed to a case of COVID-19 to post-pone their visit until 14 days from last exposure.
13. If a resident of a LTCH develops cough, difficulty breathing, or fever and has either traveled or been exposed to a case of COVID-19 in the past 14 days, instruct

the resident to wear a procedure mask (if tolerated) and place them in a single room to wait for further assessment. HCWs should initiate Droplet and Contact Precautions.

14. HCWs should provide care to residents with suspect or confirmed COVID-19 using Droplet and Contact Precautions. Detailed precautions for HCWs, by activity and procedure are listed in PHO’s [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).

ACTIVITY	PRECAUTIONS
Providing care to residents with suspect or confirmed COVID-19, including collection of nasopharyngeal and oropharyngeal swabs	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles/face shield)
Providing CPAP and/or open suctioning to resident with suspect or confirmed COVID-19	Droplet and Contact precautions plus use of N95 respirator. Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum

15. Administrative areas and administrative tasks that do not involve contact with a resident with suspected or confirmed COVID-19 do not require the use of PPE.
16. Residents with severe illness should be transferred to hospital by ambulance. Patient transfer services should not be used to transfer a resident from the LTCH with suspected or confirmed COVID-19. Notify the receiving hospital that the resident is being transferred.

Testing for COVID-19

17. HCWs can safely collect nasopharyngeal and throat swabs using Droplet and Contact Precautions.
18. Note that all respiratory virus specimens collected for acute respiratory illness or outbreaks will automatically be tested for COVID-19 at the laboratory. There is no change to usual practices for submitting respiratory outbreak specimens.

Reporting of Positive Screening

19. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).
20. Regulated health professionals should contact their local public health unit to report a resident, HCW, staff, volunteer or visitor suspected or confirmed to have COVID-19.
21. All referrals to hospital should be made through emergency department triage. If a resident is referred to a hospital, the LTCH should coordinate with the hospital, local public health unit, paramedic services and the resident to ensure safe arrangements for travel that maintain the resident in appropriate isolation precautions

Occupational Health & Safety

22. Staff who become ill with an acute respiratory infection (ARI) should report their illness to their manager/supervisor or to Employee Health/Occupational Health and Safety as per usual practice. The manager/supervisor or Employee Health/Occupational Health designate must promptly inform the Infection Control Practitioner or designate of any cases or clusters of staff including contract staff who are absent from work. For more information, please see: [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#).
23. If COVID-19 is suspected or diagnosed in a staff, return to work should be determined in consultation with their health care provider and the local public health unit. Staff must report to Occupational Health and Safety prior to return to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the MOH [COVID-19 website](#).
24. If an HCW has recently travelled outside of Canada, they should self-monitor for symptoms for 14 days upon return. If symptoms of COVID-19 develop they should immediately self-isolate and contact their local public health unit. Individual employers may also recommend additional precautions such as requiring any HCW with recent travel history to self-isolate.
25. Patient-contact surfaces (i.e., areas within 2 metres of the person who has screened positive) should be disinfected as soon as possible (refer to [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) for more information about environmental cleaning).