COVID-19 Outbreak Control Measures for Long-Term Care Homes and Retirement Homes

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Testing during COVID-19 outbreaks	
Symptomatic residents See page 23 of MOH guide	• Test **ALL** symptomatic residents for COVID-19 and MRVP. • In an outbreak the first **FOUR** symptomatic residents will be tested for full respiratory panels. Thereafter the lab will continue to test using a modified respiratory panel (COVID-19, influenza and RSV). • If RAT tests are to be used, a molecular (e.g. PCR, ID NOW) test should be completed in tandem, especially if result is negative.
Asymptomatic roommates of cases	• Test on day 5 from start of isolation.
Control Measures for <u>Residents</u>	
Isolation of COVID-19 Cases See page 24 of MOH guide	• Self-isolate on Additional Precautions for at least 10 days from symptom onset or date of specimen collection if asymptomatic (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present. This is regardless of the individuals' COVID-19 vaccination or previously positive status. • Positive cases must be placed in a single room. Where this is not possible, no more than one other resident should be in the room who must also be on additional precautions. • Privacy curtains to be drawn for ill residents in multi-bed rooms. • If isolation is not possible (wandering resident), consider resident use of surgical mask and compliance with hand hygiene, and increase frequency of cleaning and disinfecting. • Notices shall be placed on the door of the rooms regarding visitor restrictions. • Residents who are in isolation on additional precautions may not participate in essential, social or temporary absences. Homes should seek the advice of local public health unit if self-isolation must be broken for these reasons. • Case and roommate stay in their room during their self-isolation period but may be allowed outdoors or in the hallways (e.g., walking, with one-on-one supervision) while wearing a well fitted mask (if tolerated) and minimizing any interactions with others.
COVID-19 Antivirals for cases See page 24 of MOH guide	• Residents who **test positive** for COVID-19 should be assessed as soon as possible to determine if COVID-19 therapeutics are within their goals of care, and if so, to determine eligibility.
When COVID-19 Molecular test and MRVP test are negative See page 23 MOH guide	• The resident may discontinue Additional Precautions if they are not identified as a close contact who is required to isolate and they are afebrile and symptoms are improving for at least 24 hours (48 hours for gastrointestinal symptoms) • Continue to monitor closely for worsening symptoms

Close Contacts
See page 25-26 of guide
	Roommates
	• All roommate close contacts to be placed on Additional Precautions.
	• Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days of isolation following a negative molecular COVID-19 test taken on or after DAY 5 (from onset of isolation period).
	• Ideally, roommate close contacts are placed in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g. curtains or a cleanable barrier) to create separation.
	• For a total of 10 days after last exposure to the case:
	  ○ Monitor closely for symptoms (twice a day).
	  ○ Wear a well fitted mask if tolerated and physically distance as much as possible from others.
	  ○ Not visit other (unaffected) areas of the home.
	Non-roommates
	• All other close contacts who remain asymptomatic do **NOT** need to be self-isolated/placed on Additional Precautions but are recommended to be cohorted.
	• Close contacts to be monitored twice daily for symptoms and strongly encouraged to wear a well-fitted mask, if tolerated, and physically distance from other when outside their room for 10 days following their last exposure.

Admissions
See pages 18-20 of guide
	• Admission and transfers to an outbreak home/unit should be avoided in the following circumstances:
	  ○ Newly declared outbreak where there is an ongoing investigation;
	  ○ Outbreaks where new cases are occurring beyond those known contacts who have already been in isolation; OR,
	  ○ Admission or transfer to floors/units where many residents are unable to follow public health measures.
	• Outbreak Management Team and Public Health Unit to discuss situation and consider all relevant factors if necessary for resident to be admitted (refer to pages 18-20 of guide: immunization status, immunocompromised, placement, etc.).
	• Refer to Appendix E*: Algorithm for Admissions and Transfers for LTCHs and RHs*

Medical Appointments	• At the discretion of and after consultation with the treating physician, non-urgent appointments may be rescheduled, with consent of the resident / substitute decision maker. • When a resident who is self-isolating on Additional Precautions is required to leave the home for a medical absence, homes should notify the health care facility so that care can be provided to the resident with the appropriate Additional Precautions in place (pg. 17, LTC guidelines).
Transfers See pages 18-20 of guide	• Symptomatic resident transfers to another LTCH are not recommended. • Notify the ICP of the receiving hospital/facility and the Patient Transfer Authorization Centre (PTAC). • Asymptomatic residents may be transferred to other LTCH/RH if home can accept resident safely. Risk assessment to be completed by accepting home. • Refer to Appendix E*: Algorithm for Admissions and Transfers for LTCHs and RHs*

Absences See page 17 of guide	• Homes cannot restrict or deny absences for medical, palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak. • Residents who are in isolation may not patriciate in essential, social or temporary absences. Consult Public Health if self-isolation must be broken for these reasons.
Control Measures for <u>Staff and Volunteers</u>	
COVID-19 positive Staff See page 25 of guide	• Report to employee health nurse or Infection Control Practitioner (ICP) • Staff who test positive for COVID-19 may return to work if they have no fever and other symptoms have been improving for 24 hours (or 48hrs for vomiting/diarrhea) **AND** meet at least one of the following: 1) 10 days after symptoms onset or date of specimen collection (whichever is earlier) **OR** 2) After a single negative molecular test any time prior to 10 days from the date of specimens collection or symptoms onset (whichever is earlier) **OR** 3) After two consecutive negative rapid antigen tests are collected at least 24 hours apart any time prior to 10 days from the date of collection of specimens or symptoms onset (whichever is earlier) • Options for critical staffing shortage: PH Guidance on Cases and Contacts - English (gov.on.ca)
Well Staff	• Consider cohorting staff to minimize movement (e.g. assign staff to ill residents, specific units, etc.)
Working at Other Facilities	• Well staff, volunteers, and students may be able to work/provide services at other facilities. They must inform other employer that they are working in an outbreak home and follow home's policy.
Masking during outbreak See page 16 of guide	• All staff and essential visitors/caregivers providing direct care to or interacting within 2 meters of a resident with suspect of confirmed COVID-19 or in an outbreak area should wear a seal checked N95 mask. • Those staff who do not provide direct care to residents, or are not within 6 feet of residents and/or staff may wear a well-fitted medical mask.
Control Measures for <u>Visitors and During Communal Activities</u>	
Notification	• Post outbreak notification signs at all entrances and notify resident families. • Family members of ill residents shall be contacted. • Notify Home's Physician and/or Nurse Practitioner. • Inform frequent visitors of outbreak, if possible.
Ill visitors	• Ill visitors shall not be permitted in the home, unless under exceptional circumstances.

Visitors See page 20 -22 of guide	**Essential Visitors:** • Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak (caregiver, support worker, compassionate reasons and government inspector). • Visit residents only in their rooms. Avoid communal areas. • Visit only one resident and leave immediately afterwards. • Do not mingle with other residents. • Personal protective equipment (PPE) when providing direct care or going into isolation room. **General Visitors:** • General visitors are not permitted when home is in outbreak.
Communal & Other Activities See page 28 of guide	• Reschedule large events (programs, group outings, entertainers etc.) on affected floor/unit • Activities may proceed in non-affected floor/units • Non-essential group activities may continue for all residents not in isolation and **ONLY if cohorting can occur.** Residents from different cohorts should not visit one another.
Closure of facility	• Complete closure of a LTCH to visitation is not permitted unless there is an order issued by the Medical Officer of Health or designate as it may cause residents and visitors emotional hardship.

Note: not all outbreak situations are the same, therefore outbreaks may be managed differently based on the situation and suggested control measures.

Reference and Guidance documents:

Ministry of Health. (October 2022). *COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (Version 8).* Retrieved from: LTCH RH Guidance for PHUs - English (gov.on.ca)

Ministry of Long-Term Care (October 2022). *Covid-19 guidance document for Long-Term Care Homes in Ontario*. Retrieved from: COVID-19 guidance document for long-term care homes in Ontario | ontario.ca