

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

Grey Bruce Public Health, 101 17th Street East, Owen Sound, N4K 0A5
519-376-9420 • www.publichealthgreybruce.on.ca • 1-800-263-3456

Testing during COVID-19 outbreaks	
<p>Symptomatic residents See page 24 of MOH guide</p>	<ul style="list-style-type: none"> • Test ALL symptomatic residents for COVID-19 and other respiratory pathogens. • 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. RATs have a significantly lower sensitivity. Cases are to be managed as a suspect COVID-19 case until molecular testing is completed.
<p>Asymptomatic residents</p>	<p>Generally no testing of asymptomatic contacts. Public Health may recommend COVID-19 molecular testing of asymptomatic close contacts:</p> <ul style="list-style-type: none"> • If there is rapid increase in cases among residents • If identification of asymptomatic residents would be an overall benefit to setting – i.e. closing the outbreak sooner.
Control Measures for <u>Residents</u>	
<p>Isolation of COVID-19 Cases See page 26 of MOH guide</p>	<ul style="list-style-type: none"> • 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. • Residents who are able to <i>independently and consistently wear a mask</i>, should self-isolate on additional precautions for 10 day, but may leave their room to participate in activities and join others in communal areas after 5 days, provided they meet the above criteria to be released from isolation. • 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. • Case and roommate stay in their room during their self-isolation period but are 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.

<p>COVID-19 Antivirals for cases See page 24 of MOH guide</p>	<ul style="list-style-type: none"> 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.
<p>When COVID-19 Molecular test and MRVP test are negative</p>	<ul style="list-style-type: none"> When in outbreak, consult with Public Health regarding symptomatic residents who have a negative COVID-19 and MRVP test result and are located within the outbreak area of the home (concern for false-negative results).
<p>Close Contacts See page 25-26 of MOH guide</p>	<p>Roommates</p> <ul style="list-style-type: none"> All roommate close contacts to be placed on Additional Precautions. Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days (based on 5 days from when the case became symptomatic or tested positive if asymptomatic). 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 7 days after last exposure to the case: <ul style="list-style-type: none"> 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. <p>Non-roommates</p> <ul style="list-style-type: none"> 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 others when outside their room for 7 days following their last exposure.
<p>Admissions See pages 18-20 of MOH guide</p>	<ul style="list-style-type: none"> Admission and transfers to an outbreak home/unit should be avoided in the following circumstances: <ul style="list-style-type: none"> 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.).

	<ul style="list-style-type: none"> Refer to Appendix E: Algorithm for Admissions and Transfers for LTCHs and RHs
Medical Appointments	<ul style="list-style-type: none"> 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 MOH guide	<ul style="list-style-type: none"> 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 MOLTC guide	<ul style="list-style-type: none"> 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. When residents are in isolation and the home is in outbreak, non-essential outings should be rescheduled.
Control Measures for <u>Staff and Volunteers</u>	
COVID-19 positive Staff See page 25 of MOH guide	<ul style="list-style-type: none"> Report to employee health nurse or Infection Control Practitioner (ICP) Self isolate at home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present. For a total of 10 days after the date of specimen collection or symptom onset, staff should adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible) and avoid caring for residents at highest risk of severe COVID-19 infection, where possible).
Well Staff	<ul style="list-style-type: none"> Consider cohorting staff to minimize movement (e.g. assign staff to ill residents, specific units, etc)
Working at Other Facilities	<ul style="list-style-type: none"> 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 and PPE during outbreak See page 18 of MOH guide	<p>When interacting within 2 metres of residents in an outbreak area, recommended PPE includes:</p> <ul style="list-style-type: none"> a fit-tested, seal-checked N95 respirator (or approved equivalent). Staff who are not yet fit-tested for an N95 respirator should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent); and

	<ul style="list-style-type: none"> • appropriate eye protection (goggles, face shield, or safety glasses with side protection). • gloves and gown should be added if providing direct care to a resident within an outbreak area, based on a point-of-care risk assessment. Gloves are to be removed after use, and hand hygiene should be performed before and after wearing gloves. Gloves are to be changed between residents.
Control Measures for <u>Visitors and During Communal Activities</u>	
Notification	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Ill visitors shall not be permitted in the home, unless under exceptional circumstances.
Visitors See page 33 of MOH guide	<p>Essential Visitors:</p> <ul style="list-style-type: none"> • Caregivers, support workers, or individuals visiting a resident receiving end of life care, are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the PPE recommendations above. • 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. <p>General Visitors:</p> <ul style="list-style-type: none"> • General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.
Communal & Other Activities See page 28 of MOH guide	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. (June 26, 2023). *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 \(gov.on.ca\)](https://www.gov.on.ca/ltrch/rh/guidance-for-phus-english)

Ministry of Long-Term Care (June 26, 2023). *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](https://www.ontario.ca/gov/covid-19-guidance-document-for-long-term-care-homes-in-ontario)