

REFERENCE GUIDE

De-escalation of COVID-19 Outbreak Control Measures in Long-term Care and Retirement Homes

06/06/2020

Introduction

The purpose of this resource is to help guide long-term care and retirement homes as they prepare for the de-escalation of infection prevention and control (IPAC) measures towards the end of and/or following a COVID-19 outbreak. It provides considerations that are based on various situations. However, each situation should be managed on a case-by-case basis by the outbreak management team, including the attending physician and in consultation with the local public health unit.

Long-term care and retirement homes face unique challenges in declaring COVID-19 outbreaks over when compared with other respiratory outbreaks. Discussions related to planning and implementing the de-escalation of IPAC measures as a COVID-19 outbreak nears the end should be done in consultation with the local public health unit. The effectiveness of control measures should continue to be assessed. Enhanced surveillance for cases and adherence to IPAC measures should continue.

This guide is to be used in addition to—and does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities. This Reference Guide was informed by the documents listed under [Sources](#).

Key principles and assumptions that helped guide the considerations below, include:

- The COVID-19 outbreak is under control as evidenced by no ongoing transmission, outbreak control measures are fully in place and personal protective equipment (PPE) and staffing resources are stable.
- New admissions and re-admissions are not permitted during an outbreak.
- All group activities/gatherings have been discontinued during an outbreak.
- Outbreak decisions and de-escalation measures are made in consultation with the local public health unit.
- Following a COVID-19 outbreak, a home will transition from outbreak control measures to current non-outbreak COVID-19 [directives and guidance](#) for long-term care and retirement homes (e.g., active screening of all residents and staff, restricting non-essential visitors, limiting staff to one facility).
- Best practices for [environmental cleaning](#) are followed including enhanced environmental cleaning of high-touch surfaces during the outbreak, terminal cleaning of resident environments after discontinuation of droplet and contact precautions, and terminal cleaning of common areas when an outbreak is declared over.

- Foundational IPAC practices continue to be applied by staff, volunteers and essential visitors in the home including [Routine Practices](#) (risk assessments, hand hygiene, PPE) and [environmental cleaning](#).
- Clear communication is provided to staff, families, volunteers and essential visitors when de-escalation steps are taken and/or when the outbreak is declared over. Support and education focused on risk assessment and IPAC measures such as universal masking for source control, Routine Practices and Additional Precautions and non-outbreak COVID-19 guidance and directives are provided by the home.

Considerations

Residents

Discontinuation of Droplet and Contact precautions for resident(s) in an outbreak area previously positive for COVID-19

Detailed criteria for the discontinuation of Droplet and Contact precautions for residents are listed in the Ministry's [Quick Reference Public Health Guidance on Testing and Clearance](#) document. Residents with mild/moderate illness (did not require hospitalization) are cleared after 14 days from symptom onset provided they are afebrile and their symptoms are improving. This often means residents will be cleared prior to when the outbreak is declared over. Once cleared, the resident is no longer infectious and their Droplet and Contact precautions may be discontinued for their care.

Staff should continue to monitor residents previously positive for COVID-19 for new symptoms of illness (e.g., respiratory and/or enteric). If new symptoms appear, testing can be considered to rule out the potential for co-infection(s) or subsequent infection(s) with other pathogens. Ensure staff adhere to Routine Practices and Additional Precautions when caring for all symptomatic residents. As individuals may shed non-viable (dead) COVID-19 virus for extended periods of time (several weeks), it is generally not recommended to retest for COVID-19 after having been cleared. Individuals who develop new symptoms after a resolved and cleared COVID-19 illness should be discussed with the local public health unit for further investigation and guidance.

While there is currently no evidence of re-infection with COVID-19, it is unclear whether individuals who have had COVID-19 have durable immunity to future infection. Therefore, care should still be taken to avoid exposure to COVID-19 after being infected and cleared.

Discontinuation of Droplet and Contact precautions for resident(s) in an outbreak area who test negative for COVID-19

Close contacts should be on Droplet and Contact precautions for 14 days following their last unprotected exposure as detailed in the Ministry's [Outbreak Guidance for Long-Term Care Homes \(LTCH\)](#) document. As exposures may be ongoing during an outbreak while new cases are still arising, this typically means negative residents remain on Droplet and Contact precautions for the duration of the outbreak.

Assessment of Droplet and Contact precautions for resident(s) in an outbreak area previously positive for COVID-19 where they meet the clearance criteria but remain in the room with COVID-19 positive roommate(s) on precautions (i.e., the roommate(s) have not yet met the clearance criteria)

Assess resident placement to determine if it is reasonable and feasible for the cleared resident or the roommate(s) to be moved to another room, so that cleared residents are separated from not-yet-cleared COVID-19 positive residents. Moving to another room allows the recovered resident to no longer be exposed to the infectious roommate(s) and the discontinuation of Droplet and Contact precautions for the cleared resident.

OR

If alternate accommodation is not available, to prevent exposure of the cleared resident to their roommate(s) who remain on precautions, a risk assessment should be performed that includes but is not limited to the following considerations:

- Residents, staff and essential visitors are aware and there is clear signage to indicate which residents continue to require Droplet and Contact precautions.
- Staff understand why a resident with COVID-19 is now sharing a room with another resident not on precautions (i.e., that this is different from a resident case sharing a room with a roommate who has never had COVID-19).
- There is a defined area for donning PPE and performing hand hygiene when moving from the cleared resident to the infectious resident(s).
- The physical layout of the room allows for sufficient space between resident environments (bed, furniture, fixtures, shared washroom).
- Resident environments can be separated by partitions or drawn curtains dividing the residents' environment.
- Shared washrooms in resident rooms are reassessed to ensure each resident has their own toileting facilities (toilet or commode).
- Mitigation strategies are available for residents who wander. See scenario for wandering residents below.
- Environment of the resident previously positive for COVID-19 is terminally cleaned.
- Staff is aware that both terminal and routine environmental cleaning is to be performed by working from the recovered resident's environment towards the environment of the resident(s) who remain on precautions (following the principle of cleaning from "clean" to "dirty").

New admissions from community or other non-hospital settings, including respite

Hospital admissions to homes under outbreak are currently not permitted. In consultation with the local public health unit, new non-hospital admissions could be permitted into non-outbreak units (if not a home-wide outbreak).

Staff screen all new admissions and re-admissions for symptoms and potential exposure to COVID-19. All new admission and re-admissions should be tested for COVID-19 and receive a negative result not more than 24 hours before entering/being transferred to the home.

All new residents and re-admissions are placed on Droplet and Contact precautions upon admission.

Ambulating residents outside of their rooms when outbreak measures remain in place

In consultation with the local public health unit, a risk assessment should be performed regarding when to resume ambulating residents outside of their rooms that includes but is not limited to the following considerations:

- outbreak status (e.g., duration, evidence of reduced transmission, number and location of cases, date of last new case)
- staff resources (e.g., direct care providers, environmental service staff)
- resident population/health status
- resident quality of life/care needs
- identified areas for ambulation

After determining that resident ambulating can be resumed, the following recommendations can be integrated into care routines:

When resident on Droplet and Contact precautions:

- Resident is to be supervised while out of the room to ensure no breaches of precautions.
- Resident to don procedure/surgical mask, if tolerated.
- Resident to perform hand hygiene or is assisted with hand hygiene prior to ambulation.
- When staff are assisting with ambulation, staff to use Droplet and Contact precautions.
- Schedule time/location for ambulating to limit interaction with other residents and staff, especially non-isolated residents.
- Enhance cleaning/disinfection of high-touch surfaces following resident movement.
- Ensure residents maintain safe physical distancing (>2 metres).
- Reconfigure or reduce furniture in common areas to promote safe physical distancing.

When resident not on Droplet and Contact precautions (i.e., COVID-19 negative or resolved):

- Resident to perform hand hygiene or is assisted with hand hygiene prior to ambulation.
- Ensure residents maintain safe physical distancing (>2 metres).
- Schedule time/location for ambulating to limit interaction with other residents and staff.
- Reconfigure or reduce furniture in common areas to promote safe physical distancing.
- Staff to use a procedure/surgical mask as a form of source control (universal masking).

Managing and supporting wandering residents within an outbreak area

Encourage IPAC and multi-disciplinary teams (e.g., gerontology, behaviour services, recreational therapy) to work with individual resident's care plan to incorporate redirection strategies to remain inside their room or promote safe physical distancing when outside of their room.

Other management strategies for wandering residents could include:

- Adjusting staff or resident location/room placement to facilitate staff observation when resident leaves their room.
- If resident on Droplet and Contact precautions, assist the resident in donning procedure/surgical mask, if tolerated.
- Assisting resident with hand hygiene frequently and when outside of their room.
- Ensuring resident stays within outbreak area and does not move between different cohorted areas, if cohorting has been implemented.

Rooms used for alternate accommodations in order to maintain isolation of affected residents

A risk assessment should be performed regarding when to return rooms (e.g., respite and palliative beds/rooms, recreation rooms) back to pre-outbreak status after they were used for alternate accommodations in order to maintain isolation of affected residents. This includes but is not limited to the following considerations:

- outbreak status (e.g., duration, evidence of reduced transmission, number of cases, date of last new case)
- staff resources (e.g., direct care, environmental service)
- physical layout (number of resident rooms, room types) and occupancy levels
- resident quality of life/care needs
- residents occupying the rooms have met the clearance criteria and are able to return to their regular room
- room is terminally cleaned

Staff

Previously COVID-19 positive or symptomatic staff return to work

Detailed criteria for staff return to work are listed in the Ministry's [Quick Reference Public Health Guidance on Testing and Clearance](#). Staff return to work should be determined in consultation with their health care provider, the home/Occupational Health and Safety and the local public health unit. Upon return to work, staff should resume adherence to universal masking recommendations, maintain physical distancing (remaining greater than 2 metres from others) except when providing direct care, perform meticulous hand hygiene and wear any additional PPE, based on [Routine Practices and Additional Precautions](#).

Assessment of staff and resident cohorting

Continue to cohort staff to caring for COVID-19 positive/negative/cleared residents in the outbreak area until the outbreak is declared over.

OR

A risk assessment should be performed that includes but is not limited to the following considerations:

- outbreak status (e.g., duration, evidence of reduced transmission, number of cases, date of last new case, resolution of outbreak in defined floor/unit(s))
- staff resources (e.g., direct care, environmental services, essential staff required for facility-wide care, staffing care model/assignments)
- staff exposure issues (i.e., work self-isolation)
- staff breaks and lunches (e.g., staggered to help ensure physical distancing)
- physical layout (number of resident rooms, room types) and occupancy levels
- areas where staff and residents from different floors or units mix (e.g., main entrance, elevators, common areas)
- resident quality of life/care needs
- possibility of expanding cohorted areas without entirely discontinuing cohorting (e.g., cohort staff over two floors rather than a single floor)

Activities and Meals

Resuming meals in the dining room

During an outbreak, all meals are eaten in residents' rooms, where possible.

Consideration to resuming communal dining can occur if the outbreak is under control and if there is no evidence of ongoing transmission. The following considerations for communal dining include:

- Development of a plan for multiple sittings for meals to reduce number of residents in the dining room at the same time and that 2 metre physical distancing can be maintained between residents.
- If multiple floors/units must share dining areas, schedule the sittings so that different floors/units do not mix. Do not mix outbreak and non-outbreak areas.
- Consider cohorting residents from the same outbreak floor/unit during meals based on health status (i.e., separate sittings for recovered and negative residents).
- COVID-19 positive residents who have not yet been cleared should not use dining areas which are used by non-COVID-19 residents.
- The number of residents per table.
- Maintaining physical distancing (>2 metres) of residents.
- Environmental cleaning to be undertaken between and after meal seatings and during dining, as needed.

Resuming programs/activities for residents outside of room following the outbreak

A risk assessment should be performed resuming communal resident activities that includes but is not limited to the following considerations:

- The number of residents should be limited to the smallest feasible groups and following provincial/local direction on group sizes.
- Residents spaced as far from one another as possible, maintaining a minimum distance of 2 metres between them.
- A suitable indoor space is available where distancing can be maintained.
- Availability and feasibility of outdoor space (e.g., garden, patio) when weather is suitable.
- Residents who wish to go outside of the home are to remain on the home's property and maintain safe physical distancing.

Environmental Cleaning

Terminal cleaning resident rooms and common areas

Resident rooms are terminally cleaned when Droplet and Contact precautions are discontinued.

Additional terminal cleaning should take place in common areas of the affected floor/unit(s) when the outbreak is declared over.

Sources

- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Environmental cleaning [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/environmental-cleaning>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2020 Jun 2]. Available from: <https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>
- Ontario. Ministry of Health and Long-Term Care. Control of respiratory infection outbreaks in long-term care homes, 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/R_ESP_Infectn_ctrl_guide_LTC_2018_en.pdf
- Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19: guidance for the health sector [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
- Ontario. Ministry of Health. COVID-19 guidance: long-term care homes. Version 4 – April 15, 2020 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_long_term_care_guidance.pdf
- Ontario. Ministry of Health. COVID-19 outbreak guidance for long-term care homes. Version 2 – April 15, 2020 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_outbreak_guidance.pdf
- Ontario. Ministry of Health. COVID-19 quick reference public health guidance on testing and clearance. Version 6.0 – May 28, 2020 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf
- Volling C, Popalayar A, Defalco K, Salvadori M, Brooks J, Uthoff P, et al. Infection prevention and control for COVID-19: interim guidance for long term care homes – resident activity [Internet].

Ottawa, ON: Public Health Agency of Canada; 2020 [cited 2020 May 20]. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a8>

- Williams DC, Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19 directive #3 for long-term care homes under the *Long-Term Care Homes Act, 2007*. Issued under section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 20]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). De-escalation of COVID-19 outbreak control measures in long-term care and retirement homes. Toronto, ON: Queen's Printer for Ontario; 2020.

©Queen's Printer for Ontario, 2020.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.

