Introduction

Preventing the spread of COVID-19 in long-term care homes (LTCHs) and retirement homes (RHs) is critical for the health of residents, health care workers and other staff. Given the volume of guidance, infection prevention and control (IPAC) resources and direction that homes have received, this document has been developed to provide a compilation of important resources and information.

The information in this document has been organized in the following sections:

1. Prevent COVID-19 from entering your home
2. Identify infections in residents and staff early
3. Prevent spread of COVID-19 within the home
4. De-escalation of the Outbreak

This document 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. Homes may also want to review the COVID-19 IPAC Checklist for Long-Term Care and Retirement Homes or LTCHs Resources for more information.
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Prevent COVID-19 from Entering Your Home

This section provides information for the LTCH/RH when they do not have any cases of COVID-19. If not in an outbreak situation, the homes have time to review their preparedness and implement the following measures to avoid an outbreak.

Preparedness Assessment

Identify a lead and a multi-disciplinary outbreak management team. An IPAC Organizational Risk Assessment (Appendix A) can help provide a framework for the IPAC components of an outbreak plan. The risk assessment can help an organization identify areas of strength, weakness and opportunities for improvement to mitigate risks.

Resources

- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

Hand Hygiene

Hand hygiene is a key practice for health care workers (HCWs), other staff, residents and visitors to prevent transmission and spread of COVID-19. Hand hygiene products, such as alcohol-based hand rub (ABHR) are to be located in multiple areas, such as the entrance, point of care and resident common areas. Hand care is also important to prevent damage to hands that can occur with frequent handwashing.

Resources

- Best Practices for Hand Hygiene in All Health Care Settings
- Infection Prevention and Control for COVID-19: Interim Guidance for Long-Term Care Homes
- Placement Tool for Hand Hygiene Products
- Infection Prevention and Control Practices for Occupational Contact Dermatitis
Signage and Screening

There is signage at the entrance prompting HCWs, other staff and essential visitors to self-assess and self-identify if they have signs and symptoms of COVID-19. The signage reminds those entering the facility to perform hand hygiene as they enter the home, follow respiratory etiquette while in the home and don a mask per universal masking/source control. Homes can print off signs in the Resources section below.

Ensure there is ABHR with 70%-90% alcohol concentration, masks, tissues and a hands-free garbage bin at the entrance of the home.

LTCHs/RHs are to have a screener at the entrance to conduct active screening and a process to ensure that all persons entering the home are screened and visits are logged at all times. Screener should be behind a physical barrier, such as plexiglass or keep a distance of two meters. If this is not possible, the screener is required to wear personal protective equipment (PPE) per Droplet and Contact precautions. The screener actively screens all HCWs, other staff and essential visitors, with the exception of emergency first responders, for signs and symptoms (including taking temperatures) as they enter the building and when leaving at the end of the day or shift. Provide education on hand hygiene and masking to all visitors.

Resources

- Ministry of Health COVID-19 Reference Document for Symptoms
- COVID-19 Guidance: Long-Term Care Homes
- COVID-19 Patient Screening Guidance Document
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Patient and Visitor Signage
- Hand Hygiene Fact Sheet
Staff Education

Education, both at orientation and on a continuing basis, supports HCWs and staff to consistently implement IPAC practices. Regular audits of IPAC practices, such as staff compliance with hand hygiene, donning and doffing of PPE and equipment/environmental cleaning practices, helps to identify areas of focus when preparing for staff training and education. Ensure all staff have been trained in these areas. The short PPE videos in the Resources section are quick refreshers that can be used.

Resources

General: Infection Prevention and Control Fundamentals

Core Competencies: Comprehensive IPAC online training modules with LTC/RH sector-specific information.

Hand Hygiene: Perform according to 4 moments and as part of PPE donning and removal.

- Videos: How to Hand Rub and How to Hand Wash
- Hand Hygiene Fact Sheet
- How to Hand Rub Sign
- How to Hand Wash Sign
- 4 Moments of Hand Hygiene

Point of Care Risk Assessment: Perform prior to each resident interaction to determine what PPE is needed.

- Performing a Risk Assessment Related to Routine Practices and Additional Precautions
- Personal Risk Assessment in Long-Term Care Online Learning

PPE: Use PPE as determined by point of care risk assessment or clinical syndrome/condition (e.g., droplet/contact precautions for new admission or transfer)

- Recommended Steps for Putting On and Taking off PPE
- Videos available on PHO website:
  - Putting on Mask and Eye Protection
  - Taking off Mask and Eye Protection
  - Putting on Full Personal Protective Equipment (facial protection, gowns and gloves)
  - Taking off Full Personal Protective Equipment (facial protection, gowns and gloves)
  - Putting on Flatfold N95 Respirator
  - Taking off Flatfold N95 Respirator
  - Putting on Cone N95 Respirator
  - Taking off Cone N95 Respirator

Environmental Cleaning

- Environmental Cleaning Toolkit
Essential Visitors

Only essential visitors can enter the home and one visitor per resident at a time. Essential visitors include those visiting a very ill or palliative resident or performing essential health or support care services for the resident (e.g., deliveries, laboratory and therapy). They must be screened at the entrance and wear a mask during the visit and any other PPE that may be required.

Resources

- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007

Resident Admissions and Re-Admissions

All admissions or re-admissions are organized according to Ministry criteria.

Requirements for residents to be tested and for quarantining (i.e., placed on Droplet/Contact Precautions for 14 days) on arrival should follow current Ministry guidance below.

Resources

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
- COVID-19 Provincial Testing Guidance Update
Universal Masking (Masking for Source Control)

All HCWs, other staff and essential visitors must wear a surgical/procedure mask for the duration of their shift or visit. Cloth masks are not to be used in healthcare settings. Scenarios on how and when to apply masks are provided below in the last two resources, as well as more information on extended wear and reuse of masks.

Resources

- COVID-19 Guidance: Long-Term Care Homes
- Universal Mask Use
- Universal Mask Use in Health Care Settings and Retirement Homes
- Guidance for Mask Use in Long-Term Care and Retirement Homes

Physical Distancing

Maintain physical distancing between all HCWs, other staff and between residents. Staff: Implement staggered break times and maintain physical distancing of 2 m (6 ft.) in common areas. Residents: All group activities are to be limited and a plan developed for meals, such as ABHR use by residents before meal, taped areas to increase spacing of tables and chairs, and staggered mealtimes with environmental cleaning in between sittings.

Resources

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
- COVID-19 Guidance: Long-Term Care Homes
Occupational Health & Safety

All staff are to self-monitor while at work or at home. HCWs, other staff and essential visitors who become ill or symptomatic are to immediately self-isolate, inform their supervisor and if at work, return home. They must also contact their primary care provider, Telehealth or local Public Health Unit (PHU). HCWs, other staff and essential visitors are not to work/visit at more than one LTCH/RH.

Resources

- COVID-19 Guidance: Long-Term Care Homes
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- How to Self-Monitor
- Work Self-Isolation

Environmental Cleaning

Perform frequent cleaning and disinfection of high touch surfaces at a minimum of twice daily. Continue to use health care or hospital-grade disinfectants (e.g., with a Drug Information Number) and follow the instruction for correct contact times. More information on cleaning practices can be found in Appendices 3 and 4 of the fifth resource below (Best Practices for Environmental Cleaning).

Resources

- COVID-19 Guidance: Long-Term Care Homes
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- PHO Environmental Cleaning Resource Page
- Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition
- Environmental Cleaning Toolkit
Cleaning and Disinfection of Shared Resident Care Equipment

Clean and disinfect shared resident care equipment between each resident and according to the manufacturer’s instructions and best practices. Clean and disinfect thermometers for temperature checks after each use and discard single use probe covers.

Resources

- Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition
- Spaulding’s Classification of Medical Equipment/Devices and Required Level of Processing/Reprocessing

Communication

Ensure your home has identified a person(s) to liaise with the local PHU and that the name and contact information of the PHU contact person(s) is known. There needs to be a process in place to communicate with residents, families, HCWs and staff with respect to an outbreak. Establish and maintain processes for inter-facility transfers that includes notifying both the transport personnel and the receiving facility of the resident’s COVID-19 status or any other communicable disease/condition.

Resources

- Public Health Unit Locations
Health Care Workers

Review staffing schedules, HCWs and other staff who work in other locations, availability of alternate staff and emergency contact numbers for staff. Employers are to limit workplace locations for their staff. If in outbreak, assess daily essential HCW counts and reach out to the Health Care Provider Hotline 1-866-212-2272 or EOCLogistics.MOH@ontario.ca.

Resources

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
- Health Workforce Matching Portal

Consumable Supplies and PPE

Ensure your facility has sufficient PPE and swabs for testing. PPE includes gloves, gowns, surgical/procedure masks and protective eyewear, as well as N95 respirators for any aerosol-generating medical procedures (AGMP). Consider securing your PPE stock in a central location and developing a way to track supplies and usage. If supplies are running short, such as the facility only has a few days of stock left or the home needs to start extending the use of PPE, reach out to your contacts in Ontario Health. See the last page of the first resource below for details.

Resources

- COVID-19 Outbreak Guidance for Long-Term Care Homes
- PPE Burn Rate Calculator
- What We Know So Far About...Reuse of Personal Protective Equipment
Identify Infections in Residents and Staff Early

Active Screening of Residents, Staff and Essential Visitors

Actively screen all residents twice per day for signs and symptoms of COVID-19, which are described in the second resource below. Actively screen all HCWs, other staff and essential visitors for signs and symptoms of COVID-19 at the beginning and end of each shift/visit. Screen all resident admissions and re-admissions.

Resources

- Ministry of Health COVID-19 Reference Document for Symptoms
- Patient Screening Document
- COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- How to Self-Monitor

Testing Residents, HCWs and other Staff

Testing of residents, HCWs, other staff and essential visitors is performed in accordance with the Ministry’s guidance for testing. Refer to the last document in the Resources section for more details on specimen collection, handling and submission.

Resources

- COVID-19 Provincial Testing Guidance Update
- Public Health Ontario Laboratory (PHOL)
Prevent Spread of COVID-19 within the Home

Identification of one resident, HCW, other staff or essential visitor with new symptoms compatible with COVID-19 requires an outbreak assessment by the local PHU. In addition to the measures described in the preceding sections, the following measures should be implemented when there is a suspect or confirmed COVID-19 positive resident, HCW, other staff or essential visitor (e.g., health care provider).

Droplet and Contact Precautions

Immediately place a symptomatic resident on Droplet/Contact precautions, as well as any close contacts. If it is not possible to transfer the ill resident to a private room, then pull the privacy curtain and maintain a 2 m (6 ft.) spatial separation between adjacent beds. HCWs, other staff or essential visitors that become symptomatic while at the home are to immediately leave and self-isolate. Scenarios are available in the seventh resource and on page 4 of the eighth resource below.

Resources

- Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*
- Directive #5 for Hospitals within the meaning of the *Public Hospitals Act* and Long-Term Care Homes within the meaning of the *Long-Term Care Homes Act, 2007*
- Droplet and Contact Precautions Non-Acute Care Facilities
- Droplet and Contact Precautions Signage
- IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19
- Infection Prevention and Control Requirements for Aerosol-Generating Medical Procedures
- Scenarios for Universal Masking and Other PPE (gowns and gloves)
- Guidance for Mask Use in Long-Term Care and Retirement Homes
- COVID-19 Aerosol-Generating Medical Procedures
- What We Know So Far About... Reuse of Personal Protective Equipment
Environmental Cleaning

Continue with previous Environmental Cleaning measures. Clean and disinfect COVID-19 negative rooms first before moving into an area with COVID-19 positive residents. Initiate dedicated housekeeping staff for the outbreak unit or areas, if possible. Increase frequency of cleaning of high-touch surfaces and areas.

Resources

- COVID-19 Guidance: Long-Term Care Homes
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- PHO Environmental Cleaning Resource Page

Resident and HCW Cohorting

LTCH and RH are to use HCW and resident cohorting to prevent the spread of COVID-19. This can be done by assigning a geographic area, such as a room or a resident care area, to two or more residents who are suspected or confirmed to have COVID-19. HCWs can be assigned to work with cohorts of residents by their COVID-19 status (positive, negative but exposed, recovered). This must be a clear separation and also include the environmental/housekeeping staff.

Resources

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- How to Self-Isolate while Working
Surveillance/Testing

Continue monitoring of all residents and HCWs, other staff and essential visitors in the home for new symptoms. Continue to screen for symptoms twice a day and check the temperature of all residents and staff in the home. Look for symptoms and keep a low threshold for testing. Maintain and submit line lists for residents and staff to your local PHU using the method it has prescribed to you and following guidance from the first resource below.

Resources

- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- COVID-19 Provincial Testing Guidance Update
- PHO Laboratory Services

Physical Distancing

Continue with Physical Distancing measures and discontinue all group activities. Where possible, provide in-room meal/tray service during and outbreak.

Resources

- COVID-19 Outbreak Guidance for Long-Term Care Homes
De-Escalation of the Outbreak

When is the Outbreak Over?
The Medical Officer of Health or designate (from the local PHU) in collaboration with the home’s Outbreak Management Team will determine when to declare an outbreak over. The outbreak may be declared over when there are no new cases in residents or staff after 14 days (maximum incubation period) from the latest of:

- Date of isolation of the last resident case OR
- Date of illness onset of the last resident case OR
- Date of last shift at work for last staff case

What Measures can be Discontinued?
Follow the guidance and direction in the resources below on how and when to discontinue these measures:

- Resident and HCW Cohorting
- Droplet/Contact Precautions

Ensure to:

- Terminally clean resident environment
- Communicate that outbreak is over to stakeholders

What Measures should Continue?
Continue to follow these measures from previous sections:

- Signage/Screening
- Essential Visitors Only
- Universal Masking
- Physical Distancing
- Occupational Health & Safety
- Environmental Cleaning
- Cleaning and Disinfection of Shared Resident Equipment
- Communication
- Health Care Workers
- Consumable Supplies/PPE
Resources

De-escalation of COVID-19 Outbreak Control Measures in LTCHs and RHs:

- COVID-19 Outbreak Guidance for Long-Term Care Homes
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

Ministry of Health Guidance Documents and Directives:

- Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
- Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007
- COVID-19 Guidance: Long-Term Care Homes
- Guidance for Mask Use in Long-Term Care and Retirement Homes
- COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes
- COVID-19 Outbreak Guidance for Long-Term Care Homes
- COVID-19 Provincial Testing Guidance Update
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
- Patient and Visitor Signage
- COVID-19 Patient Screening Guidance Document
Appendix A

Organizational IPAC Risk Assessment

An IPAC organizational risk assessment can help provide a framework for the IPAC components of an outbreak plan. The risk assessment can help an organization identify areas of strength, weakness, threat and opportunities for improvement to mitigate risks. Below is a list of IPAC elements to consider. Some resources are embedded in the questions. Additional resources that may assist in performing an organizational risk assessment are listed at the end.

The LTCH’s/RH’s context

- Where is your LTCH/RH? Are you in a large city or a small town?
- Do you have access to a regional health centre or other health systems?
- What health sector coordination mechanisms do you already have in place to manage emergencies?
- What is your potential resident demographic?
- Are you near a large international airport?

IPAC Program

- Does the home have an IPAC program?
- What are the IPAC lines of authority within your organization?
- Is there a person(s) responsible for IPAC?
- Is there a multi-disciplinary team responsible for outbreak management?
- Do those responsible for IPAC have support (i.e., resources [e.g., time, funding], senior leadership) to carry out necessary activities?
- Do you have established IPAC policies and procedures?

Education

- Are HCWs, staff, students and volunteers educated with respect to IPAC processes and strategies (e.g., hand hygiene, point-of-care risk assessment, Routine Practices, Additional Precautions, donning and doffing of PPE, Healthy Workplace policy, cleaning/disinfection of resident care equipment)?
- Does this education occur at orientation and on a continuing basis?
- Are residents educated with respect to hand hygiene?
- The PHO Infection Prevention and Control Fundamentals document provides a list of educational resources.
Hand Hygiene\(^2\)

- Is hand hygiene, supported with ABHR, available at point-of-care and in other resident and common areas?
- Are hand hygiene sinks available in all resident care areas?
- Are hand hygiene supplies maintained/replenished when needed?
- Are audits of hand hygiene compliance performed?

Personal Protective Equipment (PPE)

- Is PPE readily accessible to HCWs, including N95 respirators, if facility has AGMP?\(^4,6\)
- Are HCWs and staff educated with respect to which PPE should be worn when providing care for a resident on Droplet/Contact precautions and how to safely don and doff the PPE?

Surveillance

- Do you have a surveillance program in place (e.g., surveillance for acute respiratory infections and gastroenteritis)?\(^3,4\) The Ministry of Health’s *Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018* can provide guidance on surveillance.
- Have the HCWs received education and training on their role in the surveillance program?
- If a resident presents with symptoms of COVID-19, do staff know to immediately implement Droplet/Contact precautions?
- Does the organization connect with the local PHU regarding surveillance?\(^4\)
- How does your internal IPAC lead/team interact with external bodies and authorities (e.g., Public Health Ontario, local PHU, etc.)?
- Who is the organization’s PHU liaison? Do you have their contact information?
- Who will have input and approve your plans?

Testing for COVID-19 or Other Respiratory Viruses

- Does the home have a process in place for ordering tests kits/requisitions?
- Does the home have a supply of COVID-19 test kits?
- Is there a policy and procedure on nasopharyngeal (NP) swab collection?
- Have HCWs been educated and trained on NP swab collection?
Environmental Cleaning

- Are there policies and procedures regarding staffing in Environmental Services to allow for surge capacity (e.g., additional staff, supervision, supplies and equipment)?
- Have the Environmental Services (ES) staff received education and training on the correct way to clean (e.g., use the correct dilution, correct contact time, clean from clean to contaminated and from top to bottom, do not double dip)?
- Is there a policy and procedure for cleaning rooms of residents who are on Droplet/Contact precautions (suspect and confirmed cases)?
- Is the home using a health care grade cleaner/disinfectant with a drug identification number (DIN)?
- Is equipment that cannot be dedicated to a single resident cleaned and disinfected between residents?
- Have the HCWs received education and training on the correct way to clean equipment that is used on multiple residents (e.g., use the correct dilution, correct contact time, clean from clean to contaminated and from top to bottom, do not double dip)?
- Are high-touch surfaces cleaned at least twice per day? Is there a list of the high-touch surfaces, who is cleaning them and when? Is this information recorded daily?

Communication

- Does your home have an outbreak management communication protocol to connect with families and residents, other facilities in your area and/or the media?¹
- Does your home have a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident’s suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer?¹,⁹

Infrastructure/Design – Provision of Care

- Does the design/infrastructure of your LTCH/RH facilitate IPAC, such as cohorting?¹,⁶
- Is the home primarily single rooms or do you have multiple semi-private or ward rooms?
- What is the home’s ability to place a single resident on Additional Precautions (e.g., Droplet/Contact precautions) that require a single room?
- Have alternative accommodation plans been considered to support IPAC measures, such as:
  - Respite and palliative beds/rooms to provide additional accommodations
  - Other rooms to help maintain isolation of affected residents (e.g., community and recreation rooms that have call bells)
Human Resources

- Does the home have sufficient human resources for the provision of care and support services (e.g., environmental cleaning and dietary services)?

- Has a contingency plan with respect to human resources been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents’ health status, functional limitations, disabilities and essential facility operations?9

- Would it be possible to re-deploy some human resources in an outbreak?
References


Sources


Citation

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