

Ministry of Health

COVID-19 Guidance: Long-Term Care Homes

Version 4 – April 15, 2020

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

In the event of any conflict between this fact sheet and a directive issued by either the Ministry of Long-Term Care (MLTC) or a directive issued by the Chief Medical Officer of Health (CMOH), the directive prevails.

- The latest information from the MLTC can be found on the [LTCHomes.net portal](#).
- The latest Directive (Directive #3) issued by the CMOH to Long-Term Care Homes (LTCHs) is posted on the Ministry of Health (MOH) [directives webpage](#).
- Information on outbreak preparation and management can be found in the [Outbreak Guidance for Long-Term Care Homes](#) document and the [Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#) document.
- Please consult the MOH [COVID-19 website](#) regularly for updates to this document, case definition, FAQs, and other COVID-19 related information.

Long-Term Care Home Setting

- The resident community in LTCHs is likely to be older, frailer and have complex chronic conditions. Residents of LTCHs may have chronic diseases which impair their ability to clear secretions from their lungs and airways.
- Respiratory infections can be easily transmitted in an institutional environment. Staff and resident cohorting should be practiced by LTCHs to prevent the spread of COVID-19. Guidance on staff and resident cohorting practices can be found in [Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007](#).

- 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 and other congregate settings).

Screening

A summary chart of screening practices can be found in the Appendix.

Passive Screening

- As part of routine measures for the respiratory season, signage should be visible and remind all persons in the LTCH to perform hand hygiene and follow respiratory etiquette.
- Signage should indicate signs and symptoms of COVID-19 and steps that must be taken if COVID-19 is suspected or confirmed in a staff member or a resident. A list of COVID-19 symptoms, including atypical symptoms, can be found in the [COVID-19 Provincial Testing Guidance Update](#) document.

Active Screening for Staff, Visitors, and those Entering the LTCH

- LTCHs should instruct all staff to [self-monitor](#) for COVID-19 at home. All persons should be made aware of signs and symptoms of COVID-19 infection, as listed in the [COVID-19 Provincial Testing Guidance Update](#) document.
- LTCHs must conduct active screening for COVID-19 symptoms of all staff, essential visitors, and anyone else entering the home. Screening must include twice daily (at the beginning and end of the day or shift) symptom screening, including temperature checks. This excludes emergency first responders who should, in emergency situations, be permitted entry without screening.
- Essential visitors include a person performing essential support services (e.g., food delivery, maintenance, family providing care services, and other health care) or a person visiting a very ill or palliative resident. If an essential visitor is admitted to the home, precautions must be taken as outlined in [Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007](#).
- LTCHs should have a screener at the entrance who is able to conduct screening 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 persons entering the home are screened and visits are logged. These procedures are to be applied seven days a week and 24 hours a day. A detailed sample COVID-19 screening checklist is available on the MOH [COVID-19 website](#).

Active Screening for Current Residents

- LTCHs should conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify if any resident has symptoms of COVID-19, including temperature checks. Residents with symptoms (including mild respiratory symptoms or atypical symptoms) must be isolated and tested for COVID-19. For a list of typical and atypical symptoms, please refer to the [COVID-19 Provincial testing Guidance Update](#).

Active Screening for Resident Admissions, Resident Re-Admissions LTCHs should screen new admissions and re-admissions for symptoms and potential exposure to COVID-19. All new residents must be placed in isolation under contact and droplet precautions upon admission to the home and tested within 14 days of admission. If test results are negative, the resident must remain in isolation for 14 days from arrival. If test results are positive, refer to the Testing for COVID-19 section below.

Hospitals are being asked by the ministry to temporarily stop transfers to long-term care and retirement homes. However, in the unlikely event that a transfer is still required, patients transferred from a hospital to a long-term care home or retirement home must be tested, and results received, prior to transfer. A negative result does not rule out the potential for incubating illness and all patients should remain under droplet and contact precautions for a 14-day isolation period following transfer.

- For information regarding new admissions and re-admissions during an outbreak, please refer to the [Outbreak Guidance for Long-Term Care Homes](#) document as well as the [Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#) document.

Positive Screening: What to do

- Anyone showing symptoms of COVID-19 should not be allowed to enter the LTCH and should go home immediately to self-isolate.

- Residents with symptoms of COVID-19 must be isolated in droplet and contact precautions and tested.
- Staff should provide care to residents with suspect or confirmed COVID-19 using the precautions outlined in [Directive #1 for Health Care Providers and Health Care Entities](#), as well as Public Health Ontario's [Technical Brief on IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#).

Summary of Required Precautions

Activity	Precautions
Preventing spread from staff or essential visitors who may be asymptomatic/pre-symptomatic while working in the LTCH or visiting the LTCH	Use a surgical/procedure mask at all times during shift or visit. For staff who are taking breaks, the surgical/procedure mask may be removed but a minimum two metre distance should be maintained from others.
Before providing care to a resident	Staff must conduct a point-of-care risk assessment to determine the precautions required.
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.

Testing for COVID-19

- LTCHs should implement a very low threshold for COVID-19 testing. Testing must be conducted on every symptomatic resident and staff member in the LTCH as outlined in the [COVID-19 Provincial Testing Guidance Update](#)

document. A list of symptoms, including atypical signs and symptoms, can be also be found in the document.

- LTCHs must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed COVID-19 outbreak in the LTCH. In a new admission or re-admission who tests positive, it may not be necessary to declare an outbreak if they have been in isolation under contact and droplet precautions since entering the LTCH. Outbreaks should be declared in collaboration between the home and health unit to ensure an outbreak number is provided.
- For information regarding testing during an outbreak, please refer to the [Outbreak Guidance for Long-Term Care Homes](#) document and the [Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#) document.

Reporting of Positive Screening

- COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).
- The LTCH should contact their [local public health unit](#) to report a staff member or resident suspected to have COVID-19. The [local public health unit](#) will provide specific advice on what control measures should be implemented to prevent further spread and how to monitor for other possible infected residents and staff members. LTCHs must also follow the critical incident reporting requirements in section 107 of O. Reg 79/10 under the [Long-Term Care Homes Act](#).
- 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 travel that maintains the resident in appropriate isolation precautions. Patient transfer services should not be used to transfer a resident with suspect or confirmed COVID-19.

Occupational Health & Safety

Staff Exposure/Staff Illness

- All staff who have been **advised** to [self-monitor](#) for 14 days from an exposure should discuss with their supervisor.
- All staff who are **required** to [self-isolate](#) must not come to work. Anyone with symptoms compatible with COVID-19 must not come to work, must get tested, and must report their symptoms to the LTCH. Staff responsible for occupational health at the LTCH must follow up on all staff who have been advised to self-isolate. For details on work self-isolation please see [COVID-19 Outbreak Guidance for Long-Term Care Homes \(LTCH\)](#).
- Staff who test positive for COVID-19 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](#).
- 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](#).

Personal Protective Equipment

- LTCHs must following the precautions outlined in [Directive #1 for Health Care Providers and Health Care Entities](#).

Mask Use for Source Control

- LTCHs should immediately implement that all staff and essential visitors wear a surgical/procedure mask at all times for the duration of full shifts or visits in the LTCH. Staff may remove their surgical/procedure mask during breaks but must remain at least two metres away from others to prevent any potential transmission of COVID-19. LTCHs should have written procedures, instruction, and training for staff on mask use (e.g. how to wear and remove a mask).

Limiting Work Locations

- Wherever possible, LTCH employers should work with staff, contractors, and volunteers to limit the number of work locations that staff, contractors, and volunteers are working, to minimize risk to residents and other staff of exposure to COVID-19.
- LTCH employers must also comply with Ontario Regulation 146/20 made pursuant to the [Emergency Management and Civil Protection Act](#).

Environmental Cleaning

- 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).

Appendix: Summary for Active Screening for LTCHs

	Staff, Essential Visitors*, and Anyone Entering the Home	Current Residents of the Home	Resident Admissions and Re-Admissions to the Home
Who does this include?	Staff working at the LTCH, a person performing essential services and a person visiting a very ill or palliative resident.	Residents currently living in the home.	Residents newly admitted and residents who are being re-admitted..
What are the screening practices?	<p>Conduct active screening twice daily (at the beginning and end of the day) to identify any symptoms as listed in the COVID-19 Provincial Testing Guidance Update, including temperature checks.</p> <p>If an essential visitor is admitted to the home, precautions must be taken as outlined in Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.</p>	<p>Conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Provincial Testing Guidance Update document.</p>	<p>Screen all new admissions and re-admissions for potential exposure to COVID-19 and identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Provincial Testing Guidance Update.</p> <p>Place all new residents in self-isolation for 14 days on arrival at the LTCH regardless of a negative COVID-19 test result.</p> <p>For management of new admission and re-admission requests during an outbreak, please refer to Outbreak Guidance for Long-Term Care Homes and Control of Respiratory Infection Outbreaks in Long-Term Care Homes.</p>
What if someone screens positive?	Staff, essential visitors, and those attempting to enter the home who are showing symptoms of COVID-19 should not be allowed to enter and should go home immediately to self-isolate and be tested for COVID-19.	Residents with symptoms of COVID-19 must be isolated under droplet and contact precautions and tested.	

*Essential visitors include a person performing essential services, such as food delivery, maintenance, family providing care services, and other health care services. Requirements for active screening of visitors excludes emergency first responders who should, in emergency situations, be permitted entry without screening.