Isolating Residents in Long-Term Care Homes and Retirement Homes During COVID-19 Outbreaks

Overview

Older adults with underlying health conditions are at an increased risk of severe outcomes from COVID-19. It is important that cases of COVID-19 infection are identified early and that control measures are immediately put in place to prevent spread within the Long-Term Care Home (LTC) or Retirement Home (RH). This includes isolating suspect and confirmed cases of COVID-19.

The strategies described below are based on infection prevention and control practices. It is recommended that the respiratory outbreak procedures that are outlined in the Ministry of Health and Public Health Ontario guidance documents be followed during the pandemic. Isolation and cohorting of residents during an outbreak is only <u>one</u> of many important control measures. As the pandemic progresses, there may be changes to legislation and guidance documents that need to be considered. Public Health will communicate and share these updates electronically as they are released.

Refer to the most <u>current</u> provincial guidance documents, for direction regarding isolation and testing requirements for new admissions, re-admissions, symptomatic residents, exposed residents and positive cases of COVID-19

Suggestions and Strategies for Isolating Residents in LTC/RH with Probable or Confirmed COVID-19

SUGGESTIONS & STATEGIES	DETAILS	
Develop an isolation plan before an outbreak occurs.	 Meet as a team (e.g. management, infection control, clinical staff) to review your facility floor plan and decide where to segregate residents. Identify areas that could be converted effectively with minimum modifications (i.e. electrical outlets, lighting, safety items, water access for hand washing sinks). Are there washrooms or bathing access? Consult with Public Health if you need assistance in forming a plan. Determine any supplies that would be required to set up the proposed isolation area in an additional area/unconventional space (i.e., overbed tables, wall dividers/privacy curtains, isolation carts, additional beds, dedicated equipment etc.). Consider having these supplies ordered and onsite. Develop a plan to remove and store unnecessary items, including resident belongings if residents are to be temporarily relocated in the event of an outbreak. Ensure plan includes how to manage those residents who cannot be relocated/isolated (e.g., residents with dementia or those that refuse to move). 	



Determine a phased approach to implementing your outbreak/isolation plan. Pre-plan when the facility would isolate within the affected area/unit and when the facility would move to using additional spaces/unconventional areas to cohort residents/patients. Develop a staff cohort plan. If applicable, determine whether areas within the home can be isolated and staff/residents cohorted to limit the spread within the facility. COVID-19 positive cases should only be cohorted with other COVID-19 positive cases. Choose one unit or one area within a unit to be a dedicated COVID-19 positive cases. Remove all non-essential furniture and items in the proposed space. All items within the room should be cleanable. Measure the proposed room to determine the number of beds that will be able to fit in the proposed space if using a non-conventional area within the home. Ensure this layout complies with fire safety and MLTC requirements. Review the current bed placements within each room to ensure each bed is 2m/6ft apart or re-position the beds to place them foot to foot or head to foot or separate using physical dividers. Make sure the furniture that may be moved can easily fit between doors. Do not use an area that is an entrance/exit to the unit. Separate the COVID-19 area from the non-COVID-19 area using closed doors if possible. Physical barriers such as temporary walls that can be easily cleaned. Consider placing floor markings down to assist with furniture placement and to provide visual cues. A COVID-19 case should not share a bathroom with a non-COVID-19 case. Residents should have their own bathrooms. If this is not possible, only COVID-19 cases can share a bathroom. In a situation where single rooms have a shared bathroom, the shared bathroom should be dedicated to the COVID-19 case and the non-COVID-19 resident	outbreak/isolation plan. Pre-plan when the facility would isolate within the affected area/unit and when the facility would move to using additional spaces/unconventional areas to cohort residents/patients. Develop a staff cohort plan. If applicable, determine whether areas within the home can be isolated and staff/residents cohorted to limit the spread within the facility. COVID-19 positive cases should only be cohorted with other COVID-19 positive cases. Choose one unit or one area within a unit to be a dedicated COVID-19 area. Remove all non-essential furniture and items in the proposed space. All items within the room should be cleanable. Measure the proposed room to determine the number of beds that will be able to fit in the proposed space if using a non-conventional area within the home. Ensure this layout complies with fire safety and MLTC requirements. Review the current bed placements within each room to ensure each bed is 2m/6ft apart or re-position the beds to place them foot to foot or head to foot or separate using physical dividers. Make sure the furniture that may be moved can easily fit between doors. Do not use an area that is an entrance/exit to the unit. Separate the COVID-19 area from the non-COVID-19 area using closed doors if possible. Physical barriers such as temporary walls that can be easily cleaned. Consider placing floor markings down to assist with furniture placement and to provide visual cues. A COVID-19 case should not share a bathroom with a non-COVID-19 case can share a bathroom. In a situation where single rooms have a shared bathroom, the shared bathroom assigned for their use (or move elsewhere within the home). Create an area to don and doff PPE at entrance/exit to the segregated area. The garbage can with a foot		
for residents that have tested positive for COVID-19 or require separation Proposed space. All items within the room should be cleanable. Measure the proposed room to determine the number of beds that will be able to fit in the proposed space if using a non-conventional area within the home. Ensure this layout complies with fire safety and MLTC requirements. Review the current bed placements within each room to ensure each bed is 2m/6ft apart or re-position the beds to place them foot to foot or head to foot or separate using physical dividers. Make sure the furniture that may be moved can easily fit between doors. Do not use an area that is an entrance/exit to the unit. Separate the COVID-19 area from the non-COVID-19 area using closed doors if possible. Physical barriers such as temporary walls that can be easily cleaned. Consider placing floor markings down to assist with furniture placement and to provide visual cues. A COVID-19 case should not share a bathroom with a non-COVID-19 case. Residents should have their own bathrooms. If this is not possible, only COVID-19 cases can share a bathroom. In a situation where single rooms have a shared bathroom, the shared bathroom should be dedicated to the COVID-19 case and the non-COVID-19 resident	for residents that have tested positive for COVID-19 or require separation - Measure the proposed room to determine the number of beds that will be able to fit in the proposed space if using a non-conventional area within the home. Ensure this layout complies with fire safety and MLTC requirements. - Review the current bed placements within each room to ensure each bed is 2m/6ft apart or re-position the beds to place them foot to foot or head to foot or separate using physical dividers. - Make sure the furniture that may be moved can easily fit between doors. - Do not use an area that is an entrance/exit to the unit. - Separate the COVID-19 area from the non-COVID-19 area using closed doors if possible. Physical barriers such as temporary walls that can be easily cleaned. - Consider placing floor markings down to assist with furniture placement and to provide visual cues. - A COVID-19 case should not share a bathroom with a non-COVID-19 case. - Residents should have their own bathrooms. If this is not possible, only COVID-19 cases can share a bathroom. - In a situation where single rooms have a shared bathroom, the shared bathroom should be dedicated to the COVID-19 case and the non-COVID-19 resident should have another bathroom assigned for their use (or move elsewhere within the home). - Create an area to don and doff PPE at entrance/exit to the segregated area. The garbage can with a foot		 outbreak/isolation plan. Pre-plan when the facility would isolate within the affected area/unit and when the facility would move to using additional spaces/unconventional areas to cohort residents/patients. Develop a staff cohort plan. If applicable, determine whether areas within the home can be isolated and staff/residents cohorted to limit the spread within the facility. COVID-19 positive cases should only be cohorted with other COVID-19 positive cases. Choose one unit or one area within a unit to be a
(or move elsewhere within the home) Create an area to don and doff PPE at entrance/exit to		for residents that have tested positive	 Remove all non-essential furniture and items in the proposed space. All items within the room should be cleanable. Measure the proposed room to determine the number of beds that will be able to fit in the proposed space if using a non-conventional area within the home. Ensure this layout complies with fire safety and MLTC requirements. Review the current bed placements within each room to ensure each bed is 2m/6ft apart or re-position the beds to place them foot to foot or head to foot or separate using physical dividers. Make sure the furniture that may be moved can easily fit between doors. Do not use an area that is an entrance/exit to the unit. Separate the COVID-19 area from the non-COVID-19 area using closed doors if possible. Physical barriers such as temporary walls that can be easily cleaned. Consider placing floor markings down to assist with furniture placement and to provide visual cues. A COVID-19 case should not share a bathroom with a non-COVID-19 case Residents should have their own bathrooms. If this is not possible, only COVID-19 cases can share a bathroom. In a situation where single rooms have a shared bathroom, the shared bathroom should be dedicated to the COVID-19 case and the non-COVID-19 resident should have another bathroom assigned for their use (or move elsewhere within the home). Create an area to don and doff PPE at entrance/exit to
	peddle with a lid and large enough to hold the		peddle with a lid and large enough to hold the



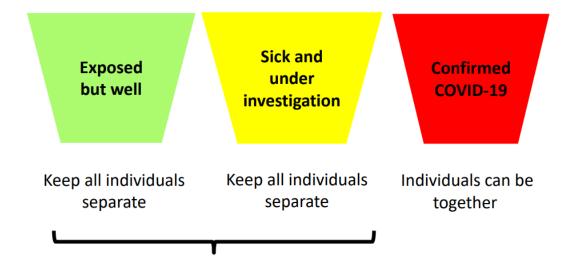
anticipated volume of waste to dispose of single use

	 items should be placed within the resident room/area and not in the hallway. Place signage to indicate the segregated area in a highly visible location. Consider placing marking tape on the floor. Residents in isolation (COVID-19 cases, exposed but well and sick and under investigation) must have their meals delivered to their rooms. Consider bundling care activities and decrease frequency of medication dosing. Consult with pharmacy to see if medications can be reduced or if they can be given less frequently.
Dedicate Staff to Work only with COVID-19 Positive Residents	 Assign staff to work in the segregated area only. If this is not possible staff would provide care to non-COVID-19 residents first and then move to the COVID-19 area. Anytime staff leave the COVID-19 area, PPE must be changed, and hands must be cleaned. Gloves are always single use only and should not be washed. Bundle care activities to reduce the number of times staff need to enter COVID-19 resident rooms. Ideally, staff assigned to care for COVID-19 cases do not interact with staff assigned to care for non-COVID-19 cases. If not possible, emphasize physical distancing and stagger breaks and smoking etc. Physical distancing and universal masking is maintained in the break room. (except when eating/drinking).
Think Outside the Box	 Some residents may go home with family (see criteria from the Ministry guidance document). All measures are to be made in consultation with your local public health unit. Rehearse a simulated cohorting plan.

Source: RNAO, AdvantAGE Ontario, OMA - Suggestions and Strategies for Isolating Residents Term Care.



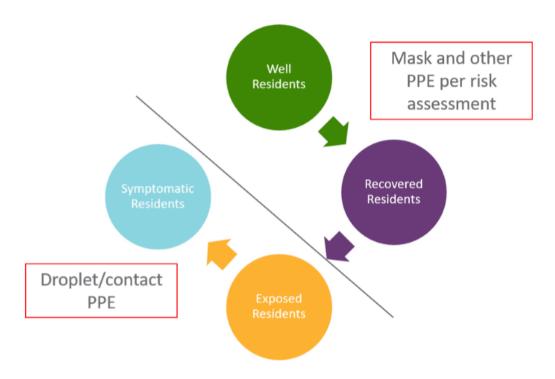
Planning for How to Separate Clients in an Outbreak (Image Source: PHO Foundations of COVID-19 Prevention and Control for Congregate Settings)



Do not know who is and is not infected



Example of Flow for Providing Care to Cohorts



Source: PHO webinar- Healthcare worker PPE use and cohorting in long-term care and retirement homes (May 26, 2020) slide 32 https://www.publichealthontario.ca/-/media/event-presentations/covid-19-webinar-healthcare-worker-ppe-use-cohorting-ltcrh.pdf?la=en



Facility Action Plan Template

Note: Use the facility map to establish places for cohorting. Each facility is unique, please use this template to plan out all possible scenarios and what the facility response would be.

Situation (i.e. Issue)	Facility Response (i.e. What to do)
Exposed but well	
Sick and Under investigation	
One resident with confirmed COVID-19	
Two or more residents with confirmed COVID- 19	



Reference List

Ministry of Health and Long-Term Care. (2018). Control of Respiratory Infection Outbreaks in Long Term Care Homes, 2018. Ontario.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf

Ministry of Health and Long-Term Care. (2020, April 15). COVID-19 Outbreak Guidance for Long Term Care Homes, version 2, April 15, 2020.

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_outbreak_guidance.pdf

Public Health Ontario. (2020, May 5). Foundations of COVID-19 Prevention and Control for Congregate Living Settings. Webinar. https://www.publichealthontario.ca/-/media/event-presentations/pho-webinar-covid-19-congregate-settings-may-5-2020.pdf?la=en

Registered Nurses Association of Ontario, AdvantAGE Ontario & Ontario Medical Association. (2020, April 1). Suggestions and Strategies for Isolating Residents in Long Term Care. https://rnao.ca/sites/rnao-

ca/files/Considerations for Isolating Residents of LTC Covid 19 FINAL April 1 2020 2.pdf

