

# COVID-19 Guidance for Long-Term Care

February 16, 2022

#FCOFeb16



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# Evolution of the Ministry's Temporary Enhanced Measures in Wave 5

## Pre-Omicron

**Visitors:** No limit to caregivers/general visitors (GVs).

**Social absences:** No restrictions.

**Surveillance testing:** Fully vaccinated exempted.

## December 17, 2021

**Visitors:** Maximum of 2 people (caregivers and GVs) for indoor visits and 4 people for outdoor visits. Maximum of two caregivers designated by a resident (unless already designated).

**Social absences:** Day absences permitted for fully vaccinated, overnight absences paused.

**Surveillance testing:** All SSV and caregivers tested at least 2x per week. GVs and support workers tested at entry or show proof of negative test from previous day.

## January 14, 2022

**Visitor:** Caregivers may support up to two residents who are COVID-19+.

## December 15, 2021

**Visitors:** GVs must be fully vaccinated (except for outdoors).

**Gatherings:** Avoid large social activities inside homes.

## December 30, 2021

**Visitors:** GVs paused. Limit of 2 caregivers at a time.

**Social absences:** Day absences paused.

GVs = General Visitors  
SSV = Staff, students, volunteers

\*Caregivers and general visitors may visit residents receiving end of life care regardless of vaccination status or restrictions.  
\*\*All essential, medical, compassionate day absences are permitted.

Easing of Temporary Measures			
	Current (As of Feb 7)	February 21	March 14
General Visitors	<ul style="list-style-type: none"> <li>General visitors paused</li> </ul>	<ul style="list-style-type: none"> <li>3 visitors (incl caregivers) at a time per resident</li> <li>Visitors ages 5+ and must have 2 vaccines</li> </ul>	<ul style="list-style-type: none"> <li>4 visitors (incl caregivers) at a time per resident</li> <li>Children under 5 may visit (no vaccines required)</li> </ul>
Essential Caregiver	<ul style="list-style-type: none"> <li>2 caregivers may visit at a time (1 when in outbreak or isolation)</li> <li>Up to 4 designated caregivers per resident</li> </ul>	<ul style="list-style-type: none"> <li>3 visitors (incl caregivers) at a time per resident</li> </ul>	<ul style="list-style-type: none"> <li>4 visitors (incl caregivers) at a time per resident</li> </ul>
Social Absences	<ul style="list-style-type: none"> <li>Resume social day absences for residents with at least 3 doses</li> </ul>	<ul style="list-style-type: none"> <li>Social day absences for all (no vaccination required)</li> <li>Resume social overnight absences for residents with at least 3 doses</li> </ul>	<ul style="list-style-type: none"> <li>Allow all social overnight absences regardless of vaccination status</li> </ul>

# Resident Safety in the Community

**Whenever outside of the home, residents should do their best to:**

- Wear a mask (as tolerated)
- Wash hands frequently
- Limit their contact with others. Avoid crowds, large social gatherings and gatherings with unvaccinated people
- Physically distance and only be in close contact with fully vaccinated people, especially when eating or singing

# Outbreak Management

Local Public Health Units (PHUs) are responsible for investigation, declaring, and managing outbreaks under the *Health Protection and Promotion Act*.

Long-term Care Homes (LTCHs) must adhere to any guidance provided by the local PHU with respect to implementation of measures to reduce disease transmission in the home.

# Confirmed Outbreak Management

## Activities while Cohorting

- The Ministry of Health and Ministry of Long-term Care have been actively working to balance the risk to residents with the potential harm in determining isolation and testing measures.

At the discretion of the PHU and where feasible for the home to implement:

- Group activities, dining, and other social gathering may continue/resume in areas of the home (e.g., floors/units) **not affected by the outbreak** if residents are able to adhere to public health measures (e.g., masking, physical distancing).
- Group activities/gatherings **within an outbreak area of the home** (e.g., floors/units) may continue/resume for specific cohorts (e.g., previously infected with COVID-19).
- Certain activities for **residents in isolation** may continue/resume (e.g. Supervised and scheduled walks, supervised and scheduled outdoor time with IPAC measures in place)

# Contact Management

Contact management decisions are made by the local PHU and all individuals are required to follow the direction of the local PHU.



# High-Risk & Lower Risk Contacts

## HIGH RISK CONTACTS

### A resident who:

- Was in contact with a positive COVID-19 case during their period of communicability;

AND

- Meet one or more of the following:
  - Received direct care from a staff positive for COVID-19 (unless this interaction meets the definition of a lower-risk exposure below);
  - Close prolonged contact (within 2 metres) with a symptomatic person (e.g., roommates, essential caregivers, visitors) or body fluids of a positive case (e.g., cough, sneeze), without the consistent and appropriate use of PPE.

When a PHU is conducting a risk assessment, the PHU may decide an exposure to be high-risk if there were other factors involved that may increase the risk of transmission (e.g., accumulated contact time with the positive case).

## LOWER RISK CONTACTS

### A resident who:


- Is fully vaccinated and boosted (3rd or 4th dose);

AND

- Was in contact with a positive case during their period of communicability (exposure to the case 2 days before symptoms or confirmation of positive test), but the exposure may be lower risk.

# Managing Contacts

EXPOSURE	RESIDENT IS FULLY VACCINATED AND BOOSTED (3 <sup>rd</sup> or 4 <sup>th</sup> DOSE)	RESIDENT IS NOT FULLY VACCINATED AND/OR BOOSTED (3 <sup>rd</sup> or 4 <sup>th</sup> DOSE)
LOWER RISK		
Received direct care from a staff positive with COVID-19 who had consistent and appropriate masking	Monitor for symptoms for 10 days. PCR and rapid molecular test taken on or after day 5  Isolation not required unless symptoms develop or positive test result	Isolate for 10 days PCR or rapid molecular test on or after day 5
Was in a shared indoor space with a case or in a setting where close interactions occur but with public health measures in place		
HIGH-RISK		
Received direct care from case who did not have appropriate masking	Isolate until PCR or rapid molecular test results taken on or after day 5 are received <u>OR</u> for a minimum of 10 days from last contact with case (without testing) monitor for symptoms for 10 days PCR or rapid molecular test on day 5 If negative: isolation may be discontinued If positive: treat as a case	Isolate for 10 days PCR or rapid molecular test on or after day 5
Close prolonged contact (<2m) with a symptomatic person (e.g., roommates,) or body fluid of a positive case without the consistent and appropriate use of PPE		

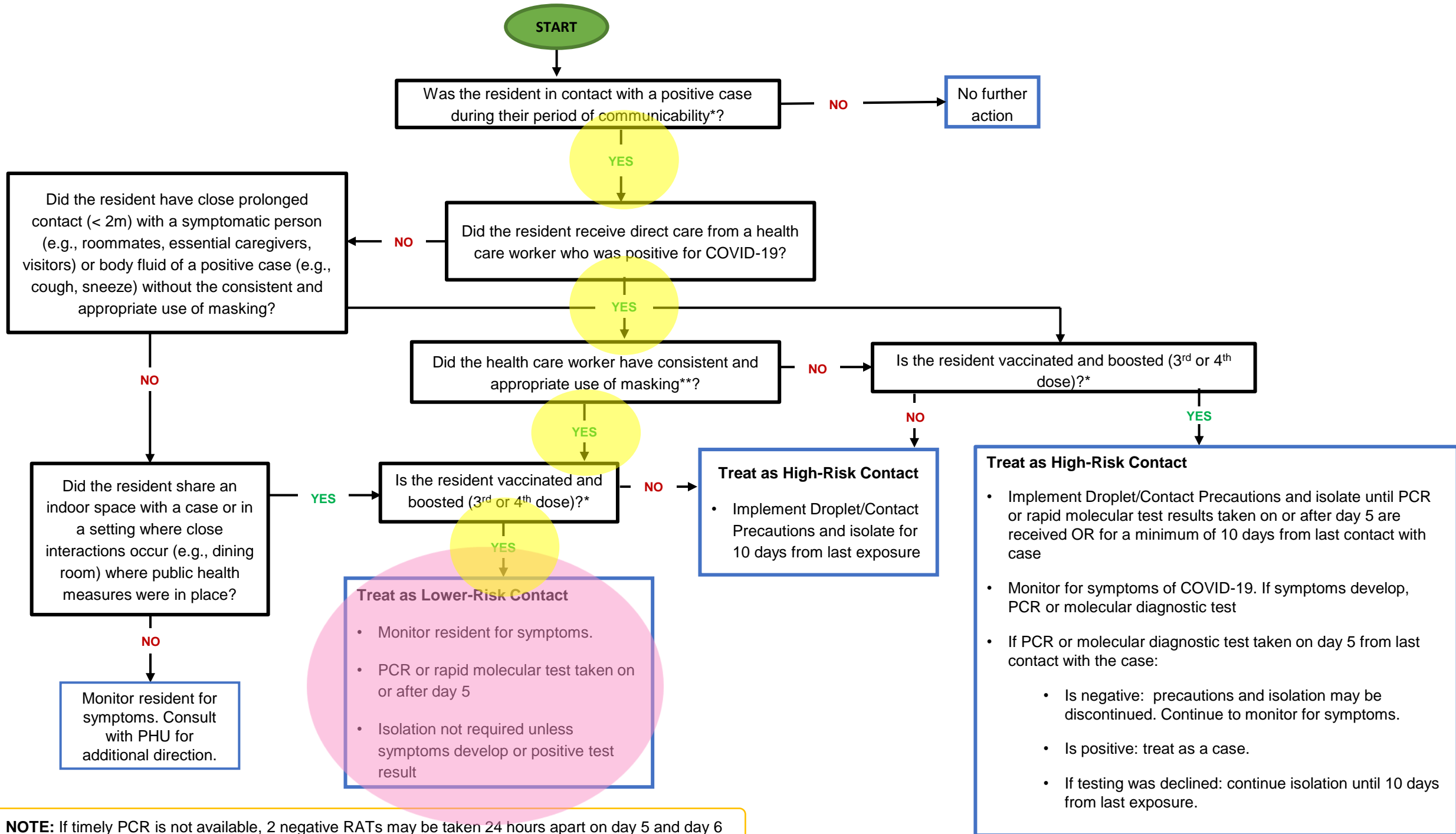


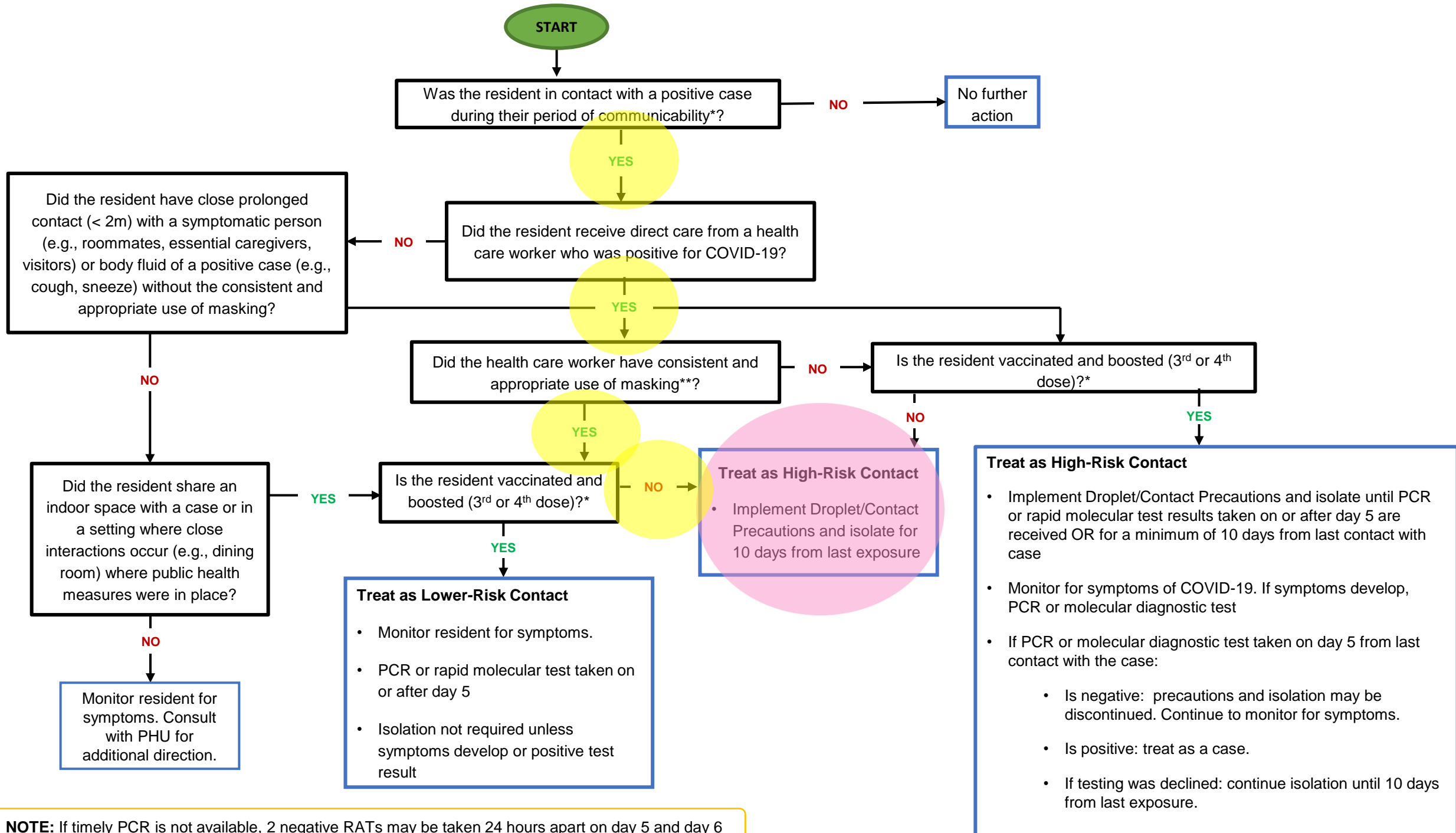
# Outbreak Management Scenarios



# Scenario 1

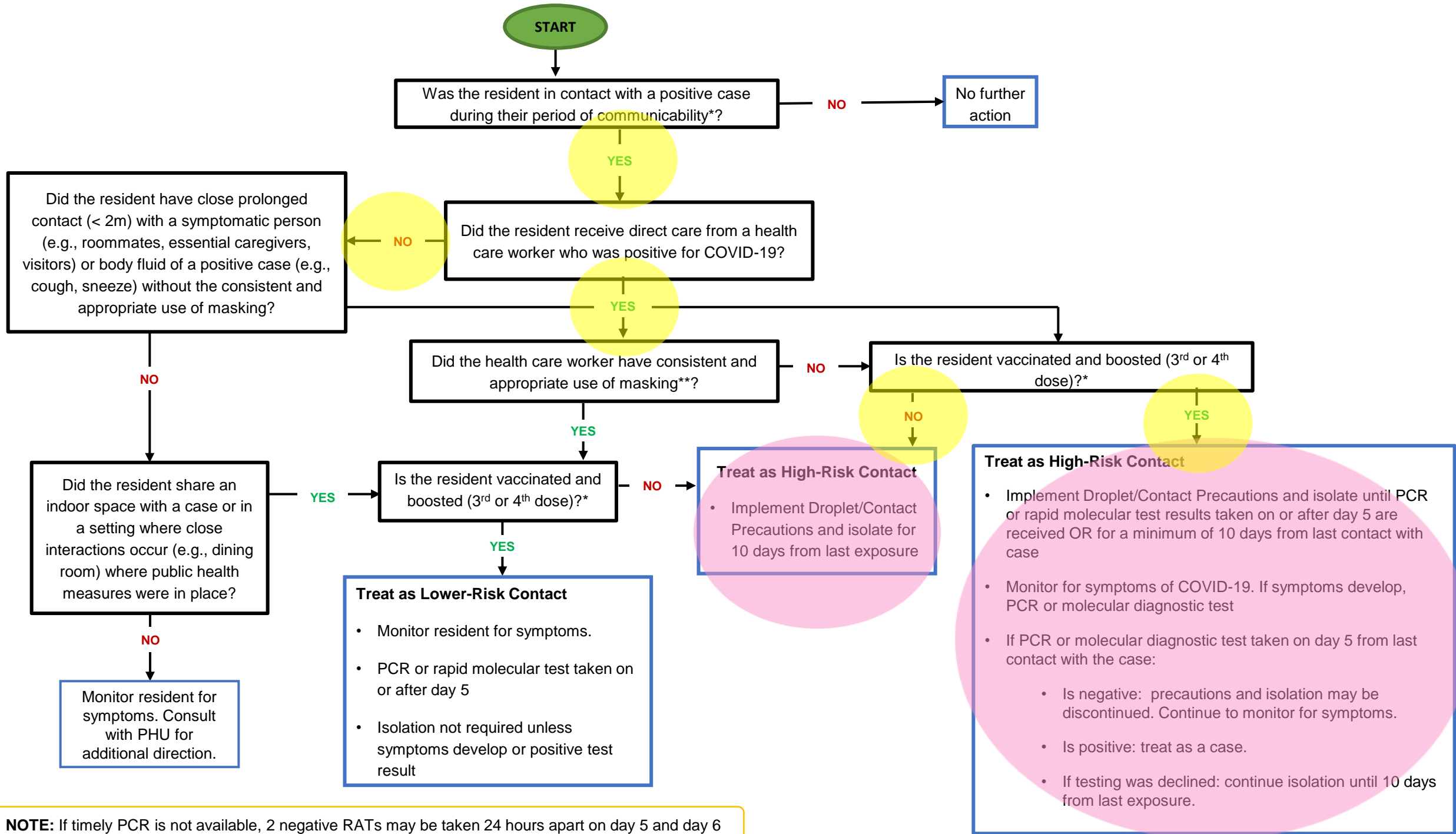
- A staff member becomes symptomatic and tests positive for COVID-19. They had provided direct care to residents for 2 days prior to their onset of symptoms (i.e., during their period of communicability).





# Scenario 2

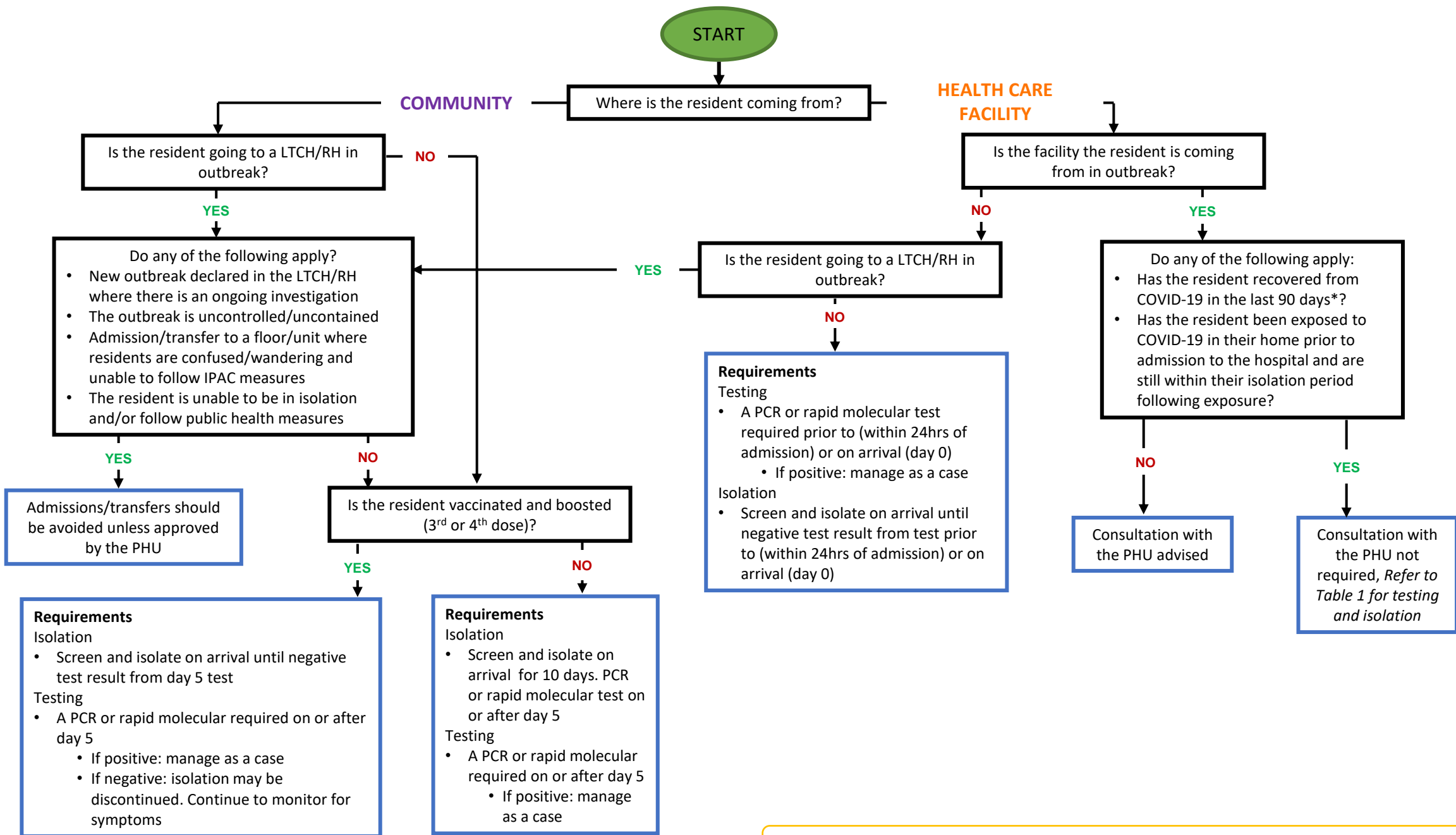
- A resident has a day visit with a family member. That evening the resident attends communal dinner with his dining cohort, which is comprised of 5 residents from their 30-resident unit. The following day, the resident develops symptoms and tests positive for COVID-19.
- **What happens to the residents that are in the same dining cohort?**





# Admissions and Transfers

Per Directive #3, homes must follow the Guidance for detailed requirements and information on testing and isolation of new admissions and transfers into the home



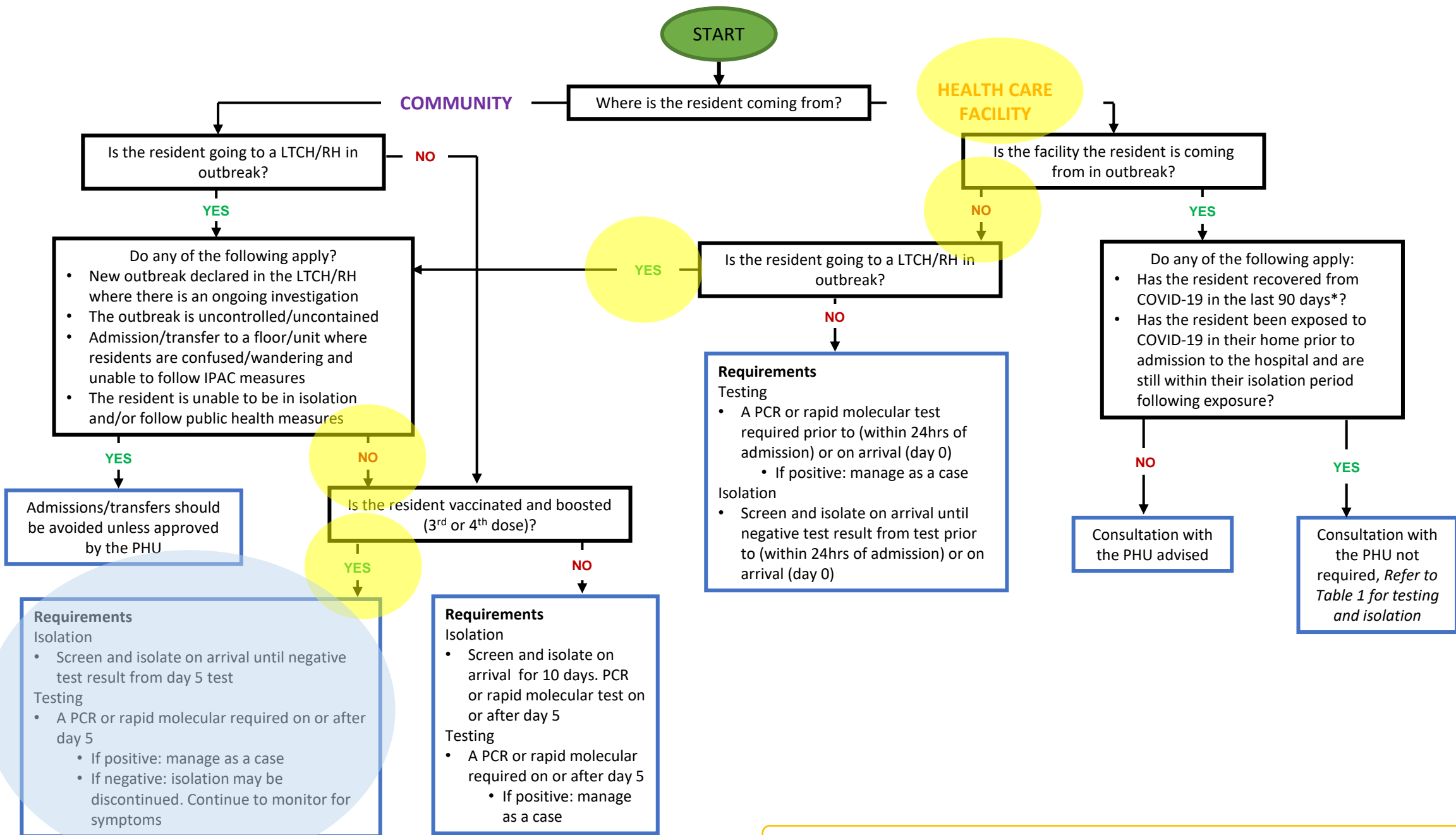
**NOTE:** If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6

# **Admissions and Transfers Scenarios**



# Scenario 1

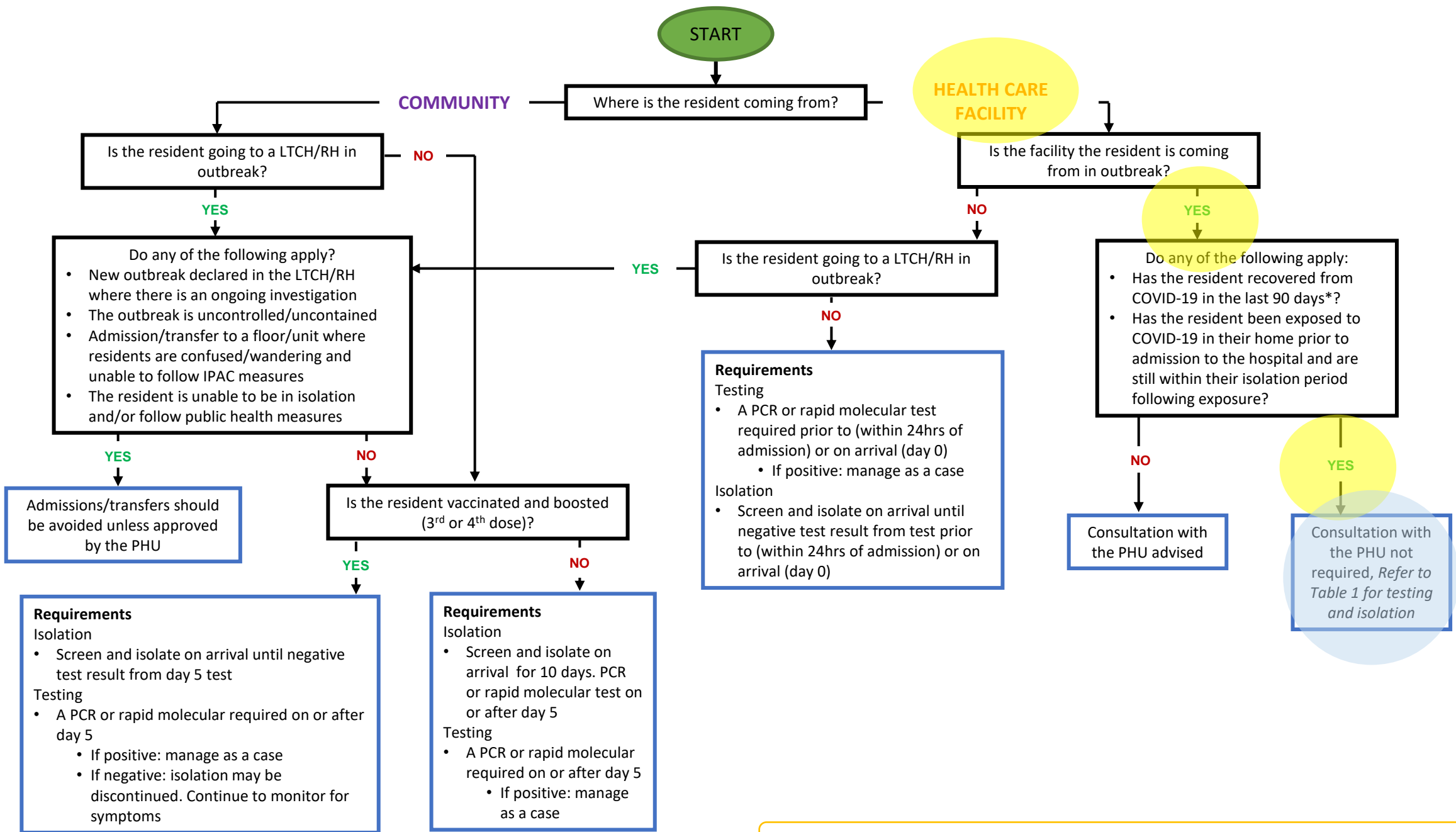
- A patient is admitted to hospital. The patient is stable and is ready to be discharged to a home (either new admission or repatriation). The hospital discharge planner (or other) contacts the long-term care home to discussion transfer.
- **What are some considerations to support the patient/resident admission/transfer to the home?**



**NOTE:** If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6

# Scenario 2

- A resident has been sent to the hospital emergency department by ambulance. After they are assessed by the physician, it is determined they do not require being admitted and will be sent back to the home the following day.



**NOTE:** If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6