



## COVID-19 LONG-TERM CARE/RETIREMENT HOME OUTBREAK CONTROL MEASURES

Facility: \_\_\_\_\_

Outbreak Number: Huron/Perth: 5183 - 2021 - \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmed Case Definition:** A positive COVID-19 lab result (staff or resident).

**Suspect Case Definition:** A symptomatic individual (staff or resident) with a fever (temperature of 37.8C or greater) OR any new/worsening acute respiratory illness symptom (e.g. cough, shortness of breath, dyspnea, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain) OR clinical or radiological evidence of pneumonia within the LTCH.

**Contact Tracing:** (when a confirmed case is identified) Apply aggressive contact follow-up within the home under direction of Public Health.

**COVID-19 Confirmed Outbreak Definition:** A single symptomatic COVID-19 lab confirmed case in a LTCH resident or staff, constitutes an outbreak. Initiate outbreak control measures.

**COVID-19 Suspect Outbreak Definition:** One or more residents or staff with new symptoms compatible with COVID-19. Review control measures with facility, including a discussion regarding preparation for a COVID outbreak should swabs be positive.

No = Not in Compliance Yes = In Compliance N/A = Not Applicable

SURVEILLANCE	Compliance
<input type="checkbox"/> Active screening of residents, essential visitors, staff, and anyone entering the facility, for COVID-19 symptoms including symptom-screen and temperature check twice daily (beginning and end of the day/shift)	
<input type="checkbox"/> Line listing of residents – EMAIL or fax to HPPH daily if new case(s) <a href="mailto:facilities@hpph.ca">facilities@hpph.ca</a> Fax: Huron: 519-482-9014 Perth: 519-271-2785	
<input type="checkbox"/> Line listing of staff – EMAIL or fax or email to HPPH daily if new case(s) <a href="mailto:facilities@hpph.ca">facilities@hpph.ca</a> Fax: Huron: 519-482-9014 Perth: 519-271-2785	
<input type="checkbox"/> After hours - phone on-call staff to update for the following: New resident cases, new staff cases, hospitalization of resident, death of resident, sending of more samples. Huron: 519-482-7077 Perth: 1-800-431-2054	
Notes:	
<input type="checkbox"/> Hand Hygiene <ul style="list-style-type: none"> <li>• Ongoing and frequent for staff &amp; residents, staff assists residents with hand hygiene</li> <li>• Reinforce hand hygiene: sanitizing with alcohol-based sanitizer or washing with soap and water</li> <li>• Post signs</li> </ul>	
Notes:	

PERSONAL PROTECTIVE EQUIPMENT (PPE)	
<input type="checkbox"/> <b>Masking</b> <ul style="list-style-type: none"> <li>• All staff to wear surgical masks at all times for the duration of full shifts or visits</li> <li>• For direct care within 2 meters of case, don a new surgical mask, remove immediately after and dispose. Case to wear a surgical mask if leaving the room for any reason</li> <li>• For aerosol generating medical procedures (AGMPs) is recommended that N95 masks be worn by staff for residents with known or suspect COVID-19</li> </ul>	
<input type="checkbox"/> <b>Eye protection</b> <ul style="list-style-type: none"> <li>• For direct care within 2 meters of case, face-to-face contact or based on risk assessment</li> <li>• Remove from face, clean and disinfect or dispose once removed</li> </ul>	
<input type="checkbox"/> <b>Gloving</b> <ul style="list-style-type: none"> <li>• For direct care</li> <li>• Discard immediately after use, perform hand hygiene</li> </ul>	
<input type="checkbox"/> <b>Gowning</b> <ul style="list-style-type: none"> <li>• For direct care, long-sleeve gown if clothing is likely to be contaminated, dispose or launder</li> </ul>	
<input type="checkbox"/> <b>PPE audits</b> are conducted and recorded and are representative of all staffing positions	
<b>Notes:</b>	

<b>TESTING CRITERIA</b>
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<p><b>STAFF:</b></p> <input type="checkbox"/> All symptomatic staff should be tested <input type="checkbox"/> Staff surveillance testing for LTCHs to be completed as per current Ministry guidance. Where surveillance testing occurs within 3 days of the identification of a positive case, staff testing may not be repeated <p><b>RESIDENTS:</b></p> <input type="checkbox"/> All symptomatic residents should be tested immediately, have a low threshold for testing; even one compatible symptom should lead to testing. <input type="checkbox"/> All <u>asymptomatic</u> residents living in same room as symptomatic resident should also be tested immediately <input type="checkbox"/> All <u>asymptomatic</u> contacts of a confirmed case should be tested in consultation with Public Health and should include: <ul style="list-style-type: none"> <li>• All residents living in adjacent rooms</li> <li>• All staff working on the unit</li> <li>• All essential visitors that attended at the unit</li> <li>• Any other contacts deemed appropriate for testing based on risk assessment by Public Health</li> </ul> <input type="checkbox"/> Consult with Public Health as the directions could change once the outbreak is established	
<b>Notes:</b>	

**RESTRICTIONS FOR RESIDENTS**

<p><input type="checkbox"/> <b>Restrict cases to room:</b>  <b>Symptomatic Positive COVID-19 test:</b>          10 days from onset date and become afebrile &amp; symptoms are improving for at least 24 hours, whichever longer. Severe illness (requiring ICU level of care) OR severe immune compromise – Isolate <b>20 days</b> from symptom onset</p> <p><b>Symptomatic Negative COVID-19 test:</b></p> <ul style="list-style-type: none"> <li>• If close contact of confirmed case, remain isolated for the 14 days or 24 hours symptom-free, whichever longer.</li> <li>• If <b>not</b> a close contact of a confirmed case, base isolation on type of symptoms. Respiratory symptoms: remain isolated until 24 hours symptom-free. For gastrointestinal symptoms (diarrhea, vomiting): isolate until 24 hours symptoms free.</li> </ul> <p><b>Symptomatic resident not tested:</b>          14 days from onset date and become afebrile &amp; symptoms are improving for at least 24 hours, whichever longer</p>	
<p><input type="checkbox"/> <b>Residents with one symptom:</b> Isolate and test the resident and wait for the test result</p>	
<p><input type="checkbox"/> <b>Asymptomatic residents with high-risk exposures:</b>          14 days isolation from last unprotected exposure, in single room if possible <b>and</b> staff who care for the resident should use contact &amp; droplet precautions – organize testing for these asymptomatic residents identified as having high-risk exposure. Facilitate testing resident again if symptoms develop</p>	
<p><input type="checkbox"/> <b>Restrict residents to unit / MUST use staff and resident cohorting</b>          See cohorting section of Ministry of Health COVID-19 Outbreak Guidance for LTCHs – page 14</p>	
<p><input type="checkbox"/> <b>Where required, utilize palliative beds/rooms or other free spaces as appropriate to maintain spatial separation of 2 meters.</b></p>	
<p><input type="checkbox"/> <b>Where it is not possible to isolate residents:</b> Consider the area as a single unit and manage as if all the residents infected/potentially infected and staff use droplet and contact precautions</p>	
<p><input type="checkbox"/> <b>Restrict admissions / readmissions:</b></p> <ul style="list-style-type: none"> <li>• Restrict new admission until the outbreak is over</li> <li>• Restrict re-admission, returning residents until the outbreak is over (repatriation of decanted residents will be considered for re-admission)</li> <li>• For residents that leave the facility for an essential outpatient visit, the facility must provide a mask and the resident, if tolerated, wear a mask while out and screened upon return (i.e. dialysis patients)</li> <li>• Where a transfer of an asymptomatic resident from hospital to LTCH or retirement home, the resident must be tested and result received, <b>24 hours prior</b> to transfer. 14 days self-isolation of the resident under droplet-contact precautions is required following the transfer.</li> </ul>	
<p><input type="checkbox"/> <b>Short-Stay Absences:</b> Residents are not to leave the facility for short-stay absences during an outbreak to visit family/friends. Residents who wish to go outside must remain on the facility’s property and maintain safe physical distancing</p>	
<p><input type="checkbox"/> <b>Residents who are taken home by family:</b> Cannot be re-admitted until the outbreak is declared over</p>	
<p><input type="checkbox"/> <b>Restrict transfers to other facilities</b></p>	
<p><input type="checkbox"/> <b>Transfers to hospital:</b> facility to advise hospital and ambulance prior to transfer, refer to medical absence in Directive #3, page 6</p>	
<p><input type="checkbox"/> <b>Discontinue communal meetings and day programs</b></p>	

**Notes:**

STAFF/VOLUNTEERS	
<input type="checkbox"/> Staff showing symptoms of COVID-19 must not enter the home and advised to go home immediately to self-isolate and to be tested. Staff should contact their immediate supervisor/manager or occupational health and safety representative in the home	
<input type="checkbox"/> Staff travelling together to/from work and sharing accommodations are <b>strongly discouraged</b>	
<input type="checkbox"/> <b>Exclusion of symptomatic COVID-19 positive staff:</b> <ul style="list-style-type: none"> <li>• Mild to moderate illness AND no severe immune compromise - Isolate <b>10 days</b> from symptom onset,</li> <li>• Severe illness (requiring ICU level of care) OR severe immune compromise – Isolate <b>20 days</b> from symptom onset</li> </ul>	
<input type="checkbox"/> <b>Exclude symptomatic COVID-19 negative staff:</b> Until 24 hours symptom free - If staff was self-isolating due to an exposure at the time of testing, in consultation with HPPH, return to work should be under *work self-isolation	
<input type="checkbox"/> <b>Asymptomatic staff contact with *high-risk exposure:</b> Should be placed in self-isolation for 14 days from last exposure. If required to work for continuity of operations, consider *work self-isolation,. Facilitate re-testing if symptoms develop	
<input type="checkbox"/> <b>Asymptomatic staff contact with *low-risk exposure:</b> Self-monitor for symptoms;	
<input type="checkbox"/> <b>Cohort staff:</b> Must have dedicated staff care for ill residents – see cohorting section of Ministry of Health COVID-19 Outbreak Guidance for LTCHs – page 14	
<input type="checkbox"/> <b>Working at other facilities:</b> <b>Contract staff</b> – limit work locations to minimize risk to residents of exposure to COVID-19 (See Directive #3)	
<b>Notes:</b>	
NOTIFICATION	
<input type="checkbox"/> <b>Notify other facilities:</b> (Health Unit to do; if after hours HU will do next business day)	
<input type="checkbox"/> <b>Notify Compliance Officer:</b> facility to do	
<input type="checkbox"/> <b>Media:</b> Facility to assign someone to handle media requests in coordination with health unit Name of media contact:	
<input type="checkbox"/> <b>Communications:</b> Keep staff, residents and families informed about COVID-19 Ask facility if they need any assistance with communications, see Outbreak Communications Package	
<b>Notes:</b>	
VISITORS	
<input type="checkbox"/> <b>Only “essential” visitors allowed in the facility</b> <ul style="list-style-type: none"> <li>• Close the facility to visitors except visitors who are essential visitors* (visiting very ill or palliative resident, or persons performing essential support services food delivery, phlebotomy testing, maintenance, etc.)</li> <li>• Essential visitors must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if showing any symptoms</li> </ul>	

- Emergency first responders are to be permitted entry without screening
- Essential visitor must only visit one resident
- Essential visitor must wear a mask while visiting a resident that does not have COVID-19
- Essential visitor must use droplet/contact precautions PPE when visiting a resident who has COVID-19
- Reinforce hand-washing/hand-hygiene
- Post signs that read: **COVID-19 Outbreak** on all entrances

Notes:

**ENVIRONMENTAL AND EQUIPMENT CLEANING**

- Enhanced environmental cleaning** (e.g. washrooms, handrails, tabletops, elevators and any commonly touched surfaces, etc.)
- Cleaning and Disinfection:** check concentration and contact time
- Dedicate patient care equipment:** to ill resident or disinfect between use
- Ensure availability:** of hand washing supplies (checking expiry dates), hand sanitizer
- Laundry Process:** launder well resident and ill and COVID positive laundry separately; clean and disinfect surfaces between, avoid shaking laundry
- Environmental and equipment cleaning audits are conducted and recorded and are representative of all locations

Notes:

**Ventilation**

- Routine inspections conducted
- Maintenance conducted on a routine basis

Notes:

**Food and Product Deliveries**

- Active screening of delivery personnel should be done prior entering the home and should be dropped in an identified area

Notes:

**Outbreak Resolution Criteria:**

- In collaboration with the health unit, 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 illness onset of the last resident case; OR
- Date of last shift at work for last staff case.

For other outbreaks with confirmed lab etiology other than COVID-19, the outbreak is over after duration of the pathogen one period of communicability plus one incubation period, from onset of the symptoms in last resident or staff (Discuss declaring outbreak over, 8 days).

For co-infection outbreaks consult with the health unit regarding the outbreak over criteria.

Other relevant information:

Health Unit Contact Name	Phone/Ext.
Public Health Nurse / Inspector	
AFTER HOURS Perth: 1-800-431-2054, Huron: 519-482-7077	

**\*Definitions:**

**Staff with high risk exposure:**

- Staff who provided care for the case, or who had physical contact (i.e., <2 meters from resident for any duration of time) **without** consistent and appropriate use of personal protective equipment.

**Staff with low risk exposure:**

- Staff who provided care for the case, or who had physical contact (i.e., < 2 meters from resident for any duration of time) **with** consistent and appropriate use of personal protective equipment.

• **“Work Self-Isolation” applied to asymptomatic staff who had a high-risk exposure:**

If staff work assignment is critical to the LTCHs it is recommended that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days from exposure, and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self- isolate if symptoms develop and self-identify to their occupational health and safety department.” At a minimum, a mask should be worn and particularly when 2 meter distance cannot be maintained, along with diligent hand hygiene. Appropriate PPE should be worn when providing patient care. These health care workers should not work in other facilities. (**NOTE:** Work self-isolation must be discussed and approved by public health prior to implementing)

**Respiratory symptoms include:**

- |  |   |
|--|---|
| - Runny nose or sneezing   | - Fever/abnormal temperature for the resident |
| - Stuffy nose (i.e. congestion)                                      | - Tiredness (malaise)                         |
| - Sore throat  | - Muscle aches (myalgia)                      |
| - Dry cough  | - Loss of appetite                            |
| - Swollen or tender glands in the neck<br>(cervical lymphadenopathy) | - Headache                                    |
|  | - Chills                                      |

**Essential Visitors:**

Under Directive #3, a home's visitor policy must specify that essential visitors be defined as including a person performing essential support services (for example, food delivery, inspector, maintenance, or health care services (for example, phlebotomy)) or a person visiting a very ill or palliative resident.

(See specific requirements for support worker and caregiver in the visiting LTCH).

Government inspectors are essential visitors under Directive #3; however, they are not subject to this policy.

**References from Ministry of Health:**

Management of Cases and Contacts of COVID-19 in Ontario

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)

COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH)

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH\\_outbreak\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_outbreak_guidance.pdf)

COVID-19: Visiting Long-Term Care Homes

[https://www.ontario.ca/page/covid-19-visiting-long-term-care-homes?\\_ga=2.61392300.1883606198.1603376617-184052837.1580229048](https://www.ontario.ca/page/covid-19-visiting-long-term-care-homes?_ga=2.61392300.1883606198.1603376617-184052837.1580229048)

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_testing\\_clearing\\_cases\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf)

Recommendations for Control of Respiratory Infection Outbreak in Long Term Care Homes (page 20)

<http://health.gov.on.ca/en/pro/programs/publichealth/flu/guide.aspx>

Regulation 158/20: Limiting work to a single Retirement Home

<https://www.ontario.ca/laws/regulation/200158?search=Reopening+Ontario+%28A+Flexible+Response+to+COVID-19%29>

Regulation 146/20: Limiting work to a single Long-Term Care Home

<https://www.ontario.ca/laws/regulation/200146?search=Reopening+Ontario+%28A+Flexible+Response+to+COVID-19%29>

Directive #3

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH\\_HPPA.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf)

COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/VOC\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/VOC_guidance.pdf)