Huron Perth Public Health

COVID-19 IN LONG-TERM CARE HOMES: Q & A
(Version Sept. 8, 2020)

Please note that the information in this document may change due to the rapidly evolving situation. Huron Perth Public Health will update and share the information with facilities if directions from the Ministry of Health change.

Q: What does the Director of Care need to do when a resident is confirmed positive for COVID-19?

A: Advise staff who are deemed critical by all parties (including the employer) for operations of the facility, that they can continue to work at the facility under the following conditions:

1. Staff, residents, volunteers and visitors undergo regular screening
2. Staff use appropriate Personal Protective Equipment (PPE) when providing direct care for the symptomatic residents.
3. Staff actively self-monitor for symptoms, including taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop
4. Self-identify, at earliest onset of symptoms, to their occupational health and safety department

Q: Who follows up on LTCH outbreaks at the health unit and how?

A: Public Health Nurses or Public Health Inspectors from the designated Outbreak Management team follow up directly with the facility by telephone.

Q: What is the HPPH process when a positive COVID-19 result is received from a LTCH?

A: For COVID-19, one confirmed resident means that an outbreak is declared. HPPH conducts their case and contact follow up with the facility. The long-term care home must identify close contacts of the positive resident and share the information with public health. HPPH follows up closely with the facility to ensure appropriate isolation and infection control practices are in place.

Q: As a staff working in a LTCH where an outbreak has been declared, what can I do if I feel unsafe?

A: Speak to the Director of Care or Occupational Health & Safety Representative of the facility about your concerns. The HPPH website contains information for LTCH regarding precautions that must be taken to ensure the health and safety of both residents and staff: https://www.hpph.ca/en/partners-and-professionals/novel-coronavirus-covid-19-health-professionals.aspx#Long-Term-Care-Homes-and-Retirement-Residences

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Q: Why are we not testing all staff when there is a confirmed positive COVID-19 case in the facility?

A: As part of the COVID-19 Action Plan for Protecting Long-Term Care Homes, Public Health Units (PHU) are currently working on developing a local implementation plan for assisting with the testing of every resident and staff at each long-term care home. While testing of residents is a priority, the implementation plan will also enable an understanding of the prevalence of COVID-19 amongst staff, particularly asymptomatically.

Q: Case definition of a fever is a temperature of 37.8 degrees Celsius. If a staff person arrives to work with a temperature of 37.7, should they be sent home?

A: First, take the individual's temperature again and confirm temperature with a health care staff (in the case that an administrative or other staff person are doing temperature checks). A best practice approach would be, if the temperature is between 37.5 – 37.7, have a nurse assess for any other symptoms.

Q: If a staff thinks they might be a close contact of a positive case, what should they do?

A: A close contact is defined as:

- person who provided care for the patient, including healthcare workers, family member or other caregivers, or
- who had other similar close physical contact or
- who lived with or otherwise had close, prolonged contact with a probable or confirmed case while the case was ill without wearing PPE.

If you are a close contact of a confirmed case or symptomatic person, contact your Occupational Health department and/or inform the supervisor prior to the start of your shift.

Staff contacts with high risk exposures : Staff who provided care for the case, or who had other similar close physical contact **WITHOUT** consistent and appropriate use of PPE should be in self-isolation for 14 days or 24 hours after having no symptoms, whichever is longer. If required to work for the continuity of operations in the home, consider "work self-isolation."

Q: What is "work self-isolation"?

A: If there are particular workers who are deemed critical, by all parties, to continued operations, these workers should undergo regular screening, use appropriate PPE for the next 14 days 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. Work self-isolation also means following self-isolation recommendations outside of the workplace and not working in any other facilities.

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Staff contact with low risk exposure: Staff who provided care for the case, or who had other similar close physical contact **WITH** consistent and appropriate use of PPE, should self-monitor and may continue to work. Staff should self-isolate if become symptomatic and report to their supervisor if they become symptomatic.

Q: Should I be worried about my family members if I am an employee and there's a positive case at the home where I work?

A: To protect yourself and your family, ensure you are following the required steps for outbreak management:

- wear appropriate PPE when caring for residents
- wash hands often
- refrain from touching your face
- wipe frequently touched surfaces often with disinfectant wipes
- self-monitor for symptoms including taking temperature twice daily.

Q: What messages can a LTCH give to reassure the families who have a family member living in the home where there's a positive case?

A: Re-assure families that:

- The resident who tested positive for COVID-19 will be isolated from other residents for a minimum of 10 days, or 24 hours after symptoms clear, whichever is longer. Close contacts of positives will be isolated for 14 days.
- Staff will wear appropriate Personal Protective Equipment (gown, gloves, mask and eyewear) when providing care for the ill resident (and other isolated close contacts) and will remove before caring for other residents.
- Staff will be actively screened at each shift, including a temperature check twice daily and will self-monitor for symptoms. If symptoms develop staff will immediately leave the facility and self-isolate. Only palliative residents may have visitors and may only have one at a time. This visitor will be screened and will be required to wear a mask while in the facility.
- Cleaning practices in the facility will be enhanced and frequently touched surfaces will be cleaned several times per day by staff.
- All non-essential resident activities for residents (e.g. exercise class) must be discontinued.

Q: Can a resident leave the LTCH during the time of a declared outbreak?

A: If a resident leaves the home at any time and an outbreak is declared in the home the resident would not be allowed back into the facility until the outbreak is declared over, and at the discretion of the DOC. At the discretion of and after consultation with the treating physician, non-urgent appointments may be rescheduled, with the consent of the resident/SDM.

If a medical appointment is deemed necessary, the resident must wear a mask while outside of the facility and must be screened for symptoms upon return to the home.

Residents who develop symptoms while out of the LTCH for necessary medical appointments should report symptoms to the LTCH.

Q: What is the process for admitting a new resident to the LTCH/RH?

A: New residents must have a negative test result within in the last 24 hours prior to date of entering the home. All new admissions must be isolated for 14 days upon arrival to the home and droplet and contact precautions taken by staff for 14 days. The resident must be tested a second time within 14 days of admission and show a negative result. After 14 days the resident may come out of isolation and regular daily screening of all residents and staff will continue.

Q: If a resident is taken out of the home by a family member during an outbreak and wants to bring the resident back to the home after the outbreak is declared over, what should the home do?

A: The home can re-admit the resident at the discretion of the DOC. To safely re-admit the resident back into the home the resident would need to have had a negative test result within 24 hours prior to the date they are re-admitted and the resident will also need to self-isolate for 14 days upon returning to the home.

Q: Can an individual continue to work in two places when there's a positive case?

A: Wherever possible, employers should work with contractors and volunteers to limit the number of work locations that contractors and volunteers are working at, to minimize risk to residents of exposure to COVID-19. **If facility is not in outbreak situation**, the facility is responsible for creating their own policy regarding contractors and volunteers who work in multiple LTCH/NHs.
With respect to facilities employees, LTCHs employers must comply with O.Regs 146/20 and retirement home employers must comply with O.Regs 158/20.
If a staff works in two homes and one home declares an outbreak, that staff person should inform the DOC of the second home of the outbreak in the first home. For a confirmed outbreak, employees, contractors and volunteers who work in outbreak facility should limit their work location to just one facility.

Q: In what situations do I need to wear a mask?

A: All staff must wear a surgical/procedure mask for their entire work shift, and at all times, regardless of whether the home is in outbreak or not.
Additionally, for those residents showing symptoms or who have tested positive for COVID-19, full PPE must be donned while providing care.

Q: How often do I need to change my mask?

A: A single surgical/procedure mask can be used over the course of caring for many patients and for most of a single shift, unless caring for a person with COVID, in which case the mask should be changed before caring for other patients. Otherwise, when once wet, damaged, soiled or removed, you should immediately dispose of the mask. During beaks, staff may remove their surgical/procedure mask but must remain two meters away from other staff to prevent staff-to-staff transmission. Don't touch the mask, and if you do, perform hand hygiene.

If you think you are symptomatic or you have questions regarding COVID-19, contact your Occupational Health Department.