COVID-19

Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*

Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7

THIS DIRECTIVE REPLACESTHE DIRECTIVE #3 ISSUED ON MARCH 30, 2020. THE DIRECTIVE #3 ISSUED ON MARCH 30, 2020 IS REVOKED AND THE FOLLOWING SUBSTITUTED:

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS pursuant to O. Reg 68/20 made under the *Retirement Homes Act*, 2010, as part of the prescribed infection prevention and control program, all reasonable steps are required to be taken in a retirement home, to follow any directive pertaining to COVID-19 that is issued to long-term care homes under section 77.7 of the HPPA;

AND HAVING REGARD TO the emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario, and the technical guidance provided on March 12, 2020 by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19;

AND HAVING REGARD TO the declaration by the Premier of Ontario and Cabinet of an emergency in Ontario under the *Emergency Management and Civil Protection Act* on March 17th, 2020 due to the outbreak of COVID-19 in Ontario;

AND HAVING REGARD TO residents in long-term care homes and retirement homes being older, and more medically complex than the general population, and therefore being more susceptible to infection from COVID-19;

AND HAVING REGARD TO the immediate risk to residents of COVID-19 in long-term care homes and retirement homes, the necessary, present, and urgent requirement to implement additional measures for the protection of staff and residents, including, but not limited to, the

active screening of residents, staff and visitors, active and ongoing surveillance of all residents, screening for new admissions, managing essential visitors, changes to when an outbreak of COVID-19 is declared at a home, including when it is over, and specimen collection and testing for outbreak management;

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*, dated March 30, 2020 is revoked and replaced with this Directive.

Directive#3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007

Date of Issuance: April 8, 2020

Effective Date of Implementation: April 8, 2020

Issued To: Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* referenced in section 77.7(6), paragraph 10 of the *Health Protection and Promotion Act*.

Introduction:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) was identified as the causative agent by Chinese authorities on January 7, 2020.

On March 11, 2020 the WHO announced that COVID-19 is classified as a pandemic virus. This is the first pandemic caused by a coronavirus.

On March 17, 2020 the Premier and Cabinet declared an emergency in Ontario under the *Emergency Management and Civil Protection Act* due to the outbreak of COVID-19 in Ontario and Cabinet made emergency orders to implement my recommendations of March 16, 2020.

On March 22, 2020, I issued a Directive to Long-Term Care Homes (Directive #3) requiring that short-stay absences not be permitted and that employers should work with employees to limit the number of different work locations that employees are working at. That Directive is being replaced by more specific requirements for COVID-19 in this Directive.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the update on guidance for testing issued April 8, 2020.

Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

Required Precautions and Procedures

Long-term care homes must immediately implement the following precautions and procedures:

- **Active Screening**. Long-term care homes must immediately implement active screening of all staff, essential visitors and anyone else entering the home for COVID-19 with the exception of emergency first responders, who should, in emergency situations, be permitted entry without screening. Screening must include twice daily (at the beginning and end of the day) symptom screening, including temperature checks. Anyone showing symptoms of COVID-19 should not be allowed to enter the home and should go home immediately to self-isolate. Staff responsible for occupational health at the home must follow up on all staff who have been advised to self-isolate based on exposure risk.
- **Active Screening of All Residents**. Long-term care homes must conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify if any resident has fever, cough or other symptoms of COVID-19. Residents with symptoms (including mild respiratory and/or atypical symptoms) must be isolated and tested for COVID-19.
- **Admission and Re-Admissions**. Long-term care homes must screen new admissions and re-admissions for symptoms and potential exposure to COVID-19. All new residents must be placed in self-isolation upon admission to the home and tested within 14 days of admission. If test results are negative, they must remain in isolation for 14 days from arrival. If test results are positive, then report as a confirmed case and follow case management protocol. Patients transferred from hospital to a long-term care home must be tested prior to the transfer.
- **Repatriation**. Long-term care homes may repatriate residents home as outlined in the Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes. A negative test is not required for the resident to be repatriated from acute care.
- **Short-Stay Absences**. Long-term care homes must not permit residents to leave the home for short-stay absences to visit family and friends. Instead, residents who wish to go outside of the home must be told to remain on the home's property and maintain safe physical distancing.
- **Ensure appropriate Personal Protective Equipment (PPE).** Long-term care homes are expected to follow COVID-19 Directive #1 for Health Care Providers and Health Care Entities.

- **Staff masking**. Long-term care homes should immediately implement that all staff and essential visitors wear surgical/procedure masks at all times for the duration of full shifts or visits in the long-term care home. For further clarity this is required regardless of whether the home is in outbreak or not. During breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.
- **Managing Essential Visitors**. Long-term care homes must be closed to visitors, except for essential visitors. Essential visitors include a person performing essential support services (e.g. food delivery, phlebotomy testing, maintenance, and other health care services required to maintain good health) or a person visiting a very ill or palliative resident. If an essential visitor is admitted to the home, the following steps must be taken: 1. The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19. 2. The essential visitor must also attest to not be experiencing any of the typical and atypical symptoms. The essential visitor must only visit the one resident they are intending to visit, and no other resident. 3. The essential visitor must wear a mask while visiting a resident that does not have COVID-19. 4. For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn in accordance with Directive #1.
- **Limiting Work Locations**: Wherever possible, employers should work with employees to limit the number of work locations that employees are working at, to minimize risk to patients of exposure to COVID-19.
- **Staff and Resident Cohorting**. Long-term care homes must use staff and resident cohorting to prevent the spread of COVID-19. Resident cohorting may include one or more of the following: alternative accommodation in the home to maintain physical distancing of 2 metres, resident cohorting of the well and unwell, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate. Staff cohorting may include: designating staff to work with either ill residents or well residents. In smaller long-term care homes or in homes where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions when in an area affected by COVID-19. Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the home, and consideration given to increasing the frequency of cleaning. Policies and procedures regarding staffing in Environmental Services (ES) departments should allow for surge capacity (e.g., additional staff, supervision, supplies, equipment). See PIDAC's Best Practices for Prevention and Control Infections in all Health Care Settings for more details.
- **Triggering an outbreak assessment**. Once at least one resident or staff has presented with new symptoms compatible with COVID-19, the long-term care home should immediately trigger an outbreak assessment and take the following steps: 1. Place the symptomatic resident under contact/droplet precautions. 2. Test the symptomatic resident immediately. 3. Contact the local public health unit to notify them of the suspect outbreak. 4. Test those residents who were in close contact (i.e. shared room) with the symptomatic resident and anyone else deemed high risk by the local public health unit. 5. In collaboration with the local public health unit, review the Ministry of Health COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH) and

prepare for cohorting practices to limit the potential spread of COVID-19. 6. Enforce enhanced screening measures among residents and staff.

  - **Receiving negative test results**. If the long-term care home receives negative test results on the initial person who was tested, the long-term care home can immediately end the suspect outbreak assessment related steps.
  - **Receiving positive test results.** Long-term care homes must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home. Once an outbreak has been declared, residents, staff or visitors, who were in close contact with the infected resident, or those within that resident's unit/hub of care, should be identified. Further testing on those identified should be assessed, in collaboration with the local public health unit, using a risk-based approach based on exposures.

- **Management of a Single Case in a Resident**. Long-term care homes must isolate the resident, in a single room if possible, and take appropriate contact and droplet precautions. Staff who have had contact with high risk exposure to COVID-19 without appropriate PPE must self-isolate for 14 days. Many staff working in homes are deemed critical, by all parties, to continue operations, the staff must continue to work, undergo regular screening, use appropriate PPE, and undertake self-monitoring for 14 days. Staff who have had contact with medium risk exposure to COVID-19 should be self-monitoring for 14 days.
- **Management of a Single Case in Staff**. Long-term care homes must immediately implement outbreak control measures for a suspect outbreak. Even if the staff exposure was to a specific area of the long-term care home, consideration must be given to applying outbreak control measures to the entire home. Staff who have tested positive and symptomatic cannot attend work. Staff who have tested positive and have symptom resolution and are deemed critical may return to work under work isolation.
- **Required Steps in an Outbreak.** If an outbreak is declared at the long-term care home, the following measures must be taken: 1. New resident admissions are not allowed until the outbreak is over. 2. No re-admission of residents until the outbreak is over. 3. If residents are taken by family out of the home, they may not be readmitted until the outbreak is over. 4. For residents that leave the home for an out-patient visit, the home must provide a mask and the resident, if tolerated, wear a mask while out and screened upon their return. 5. Discontinue all non-essential activities. For example, pet visitation programs must be stopped for the duration of the outbreak.
- **Testing.** Please refer to the update on guidance for testing issued April 8, 2020.
- **Ensure LTC Home's COVID-19 Preparedness**. Long-term care homes, in consultation with their Joint Health and Safety Committees or Health and Safety Representatives, if any, must ensure measures are taken to prepare the home for a COVID-19 outbreak including: ensuring outbreak swab kits are available, ensuring sufficient PPE is available, ensuring appropriate stewardship and conservation of PPE is followed, training of staff on the use of PPE, reviewing advanced directives for all residents, reviewing communications protocols, reviewing staffing schedules, reviewing internal activities to ensure social distancing and reviewing environmental cleaning protocols, develop polices to manage staff who may have been exposed to COVID-19.
- **Communications**. Long-term care homes must keep staff, residents and families informed about COVID-19. Staff must be reminded to monitor themselves for COVID-19 symptoms at all times, and to immediately self isolate if they develop symptoms.

Signage in the Long-Term Care home must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident. Issuing a media release to the public is the responsibility of the institution but should be done in collaboration with the public health unit.

- **Food and Product Deliveries**. Food and product deliveries should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the home.

In accordance with O. Reg 68/20 made under the *Retirement Homes Act*, retirement homes must take all reasonable steps to follow the required precautions and procedures outlined in this Directive.

Note: As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take. This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Questions

Long-term care homes, retirement homes and HCWs may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Long-Term Care homes, retirement homes and HCWs are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health