Ministry of Long-Term Care

COVID-19 Guidance for Long-Term Care

February 10, 2022

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 15, 2021

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

Gatherings: Avoid large social activities inside homes.

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.

December 30, 2021

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

Social absences: Day absences paused.

January 14, 2022

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

*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.

GVs = General Visitors
SSV = Staff, students, volunteers

Easing of Temporary Measures

	Current	February 7	February 21	March 14
General Visitors	• General visitors paused	• General visitors paused	• 3 visitors (incl caregivers) at a time per resident • Visitors ages 5+ and must have 2 vaccines	• 4 visitors (incl caregivers) at a time per resident • Children under 5 may visit (no vaccines required)
Essential Caregiver	• 2 caregivers may visit at a time • 2 designated caregivers per resident (unless designated before Dec 15)	• 2 caregivers may visit at a time (1 when in outbreak or isolation) • Up to 4 designated caregivers per resident	• 3 visitors (incl caregivers) at a time per resident	• 4 visitors (incl caregivers) at a time per resident
Social Absences	• Paused for all residents	• Resume social day absences for residents with at least 3 doses	• social day absences for all (no vaccination required) • Resume social overnight absences for residents with at least 3 doses	• Allow all social overnight absences regardless of vaccination status

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)

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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	LOWER 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).
	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 (3rd or 4th DOSE)	RESIDENT IS NOT FULLY VACCINATED AND/OR BOOSTED (3rd or 4th 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 OR 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		

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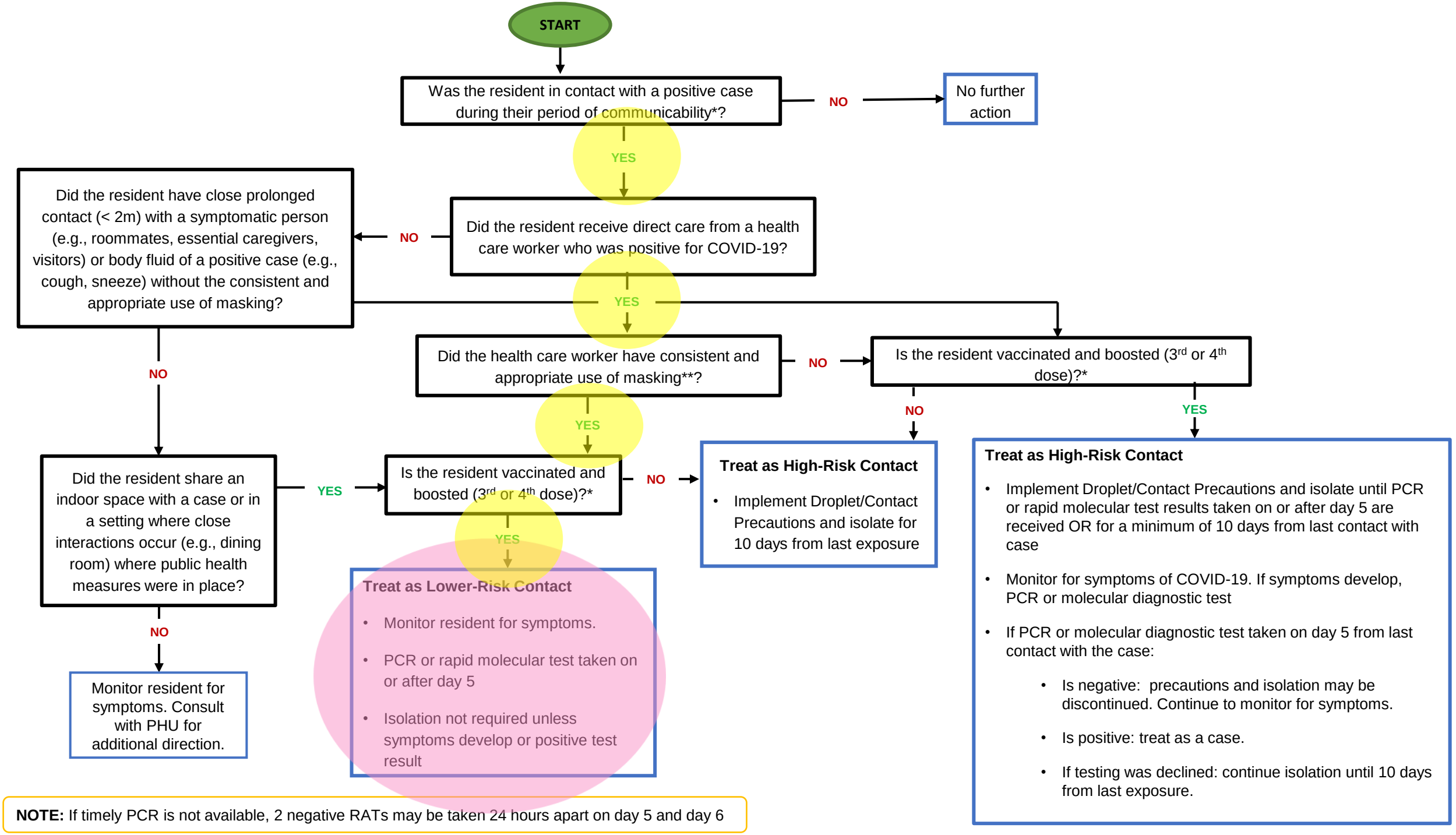
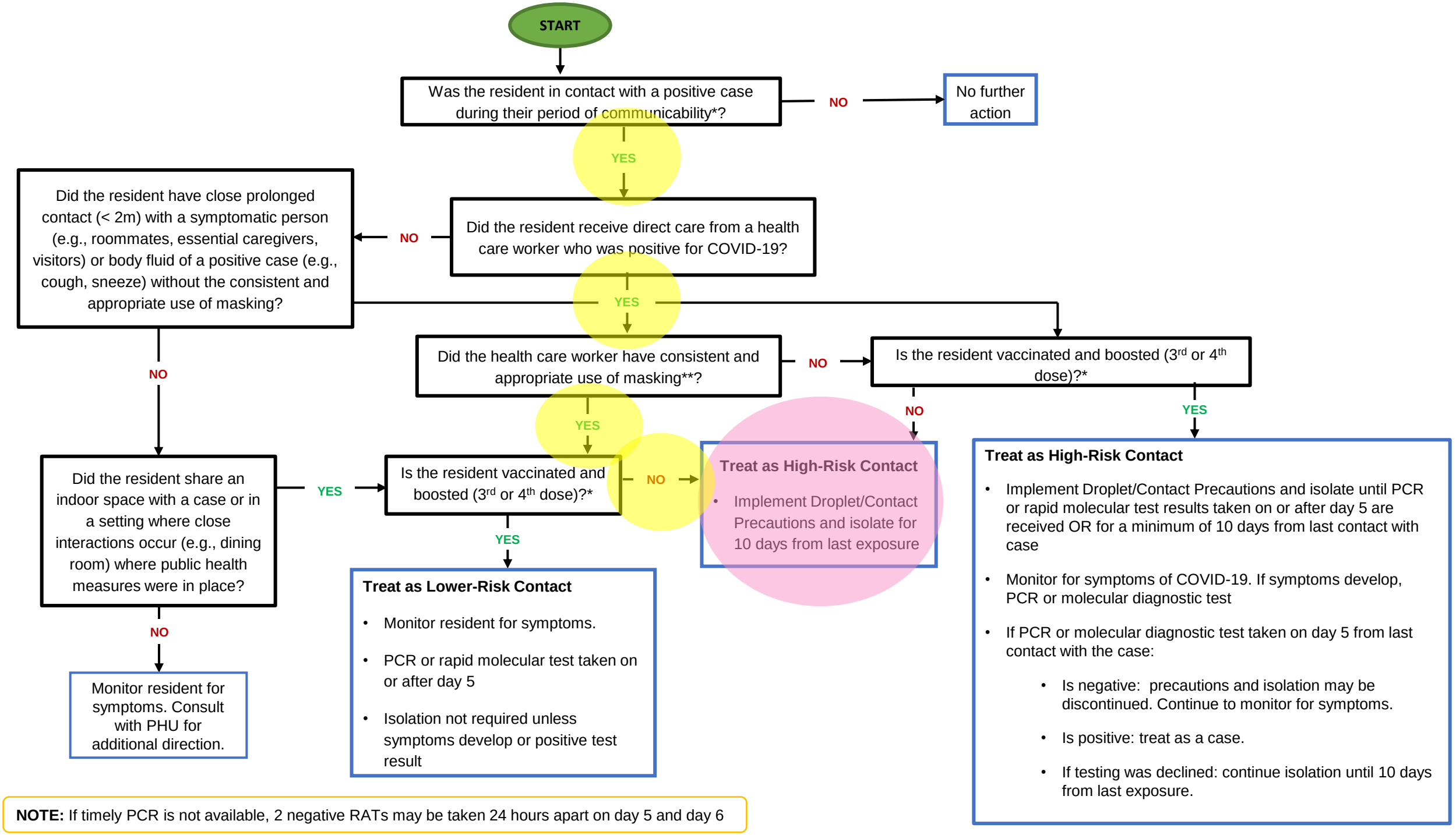
Outbreak Management Scenarios

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).

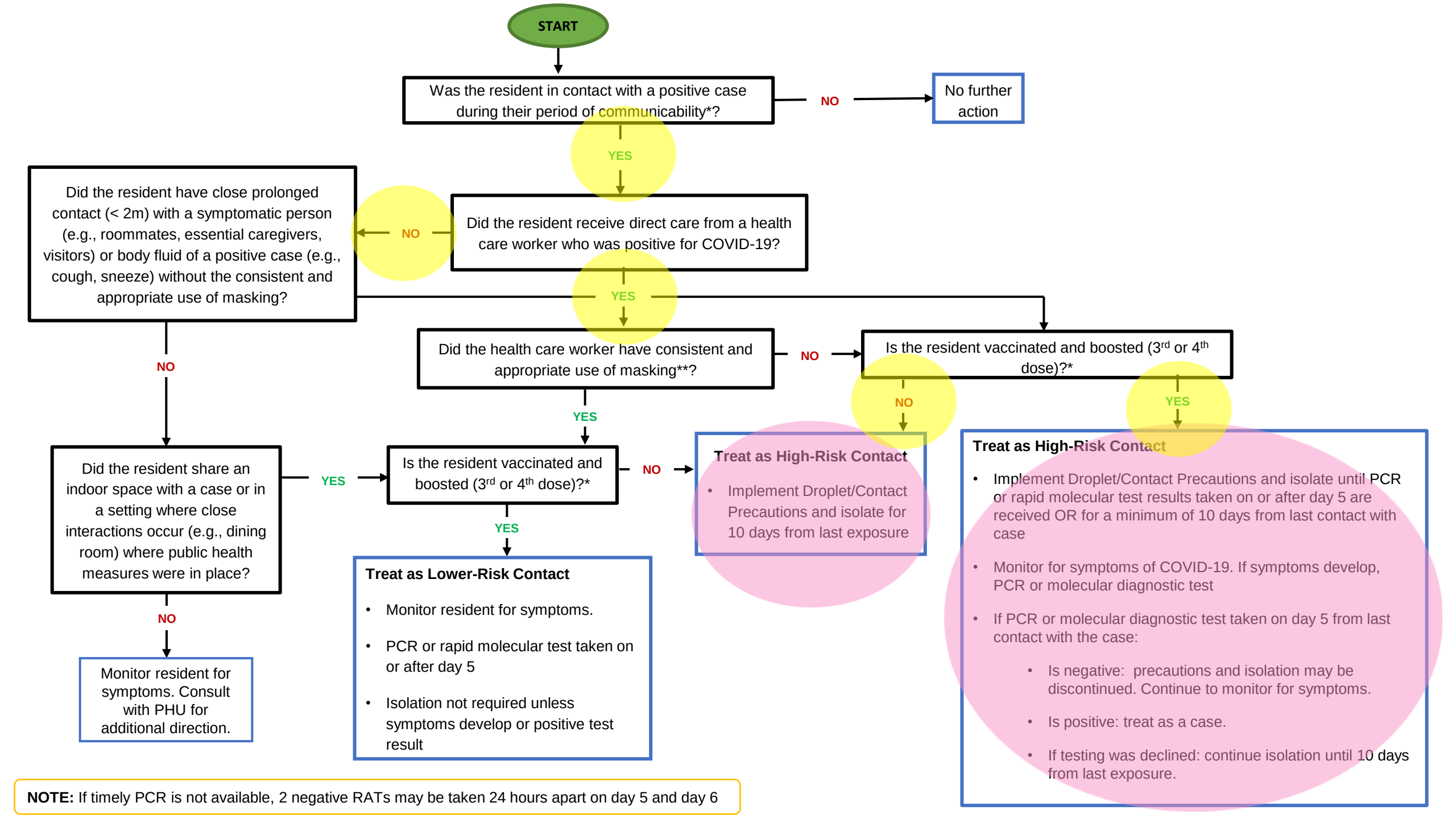

START
Was the resident in contact with a positive case during their period of communicability*?
NO
No further action
YES
Did the resident receive direct care from a health care worker who was positive for COVID-19?
NO
YES
Did the resident have close prolonged contact (< 2m) with a symptomatic person (e.g., roommates, essential caregivers, visitors) or body fluid of a positive case (e.g., cough, sneeze) without the consistent and appropriate use of masking?
NO
Did the health care worker have consistent and appropriate use of masking**?
NO
YES
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate for 10 days from last exposure
Did the resident share an indoor space with a case or in a setting where close interactions occur (e.g., dining room) where public health measures were in place?
YES
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as Lower-Risk Contact
• Monitor resident for symptoms.
• PCR or rapid molecular test taken on or after day 5
• Isolation not required unless symptoms develop or positive test result
NO
Monitor resident for symptoms. Consult with PHU for additional direction.
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate until PCR or rapid molecular test results taken on or after day 5 are received OR for a minimum of 10 days from last contact with case
• Monitor for symptoms of COVID-19. If symptoms develop, PCR or molecular diagnostic test
• If PCR or molecular diagnostic test taken on day 5 from last contact with the case:
• Is negative: precautions and isolation may be discontinued. Continue to monitor for symptoms.
• Is positive: treat as a case.
• If testing was declined: continue isolation until 10 days from last exposure.
NOTE: If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6


START
Was the resident in contact with a positive case during their period of communicability*?
NO
No further action
YES
Did the resident receive direct care from a health care worker who was positive for COVID-19?
NO
YES
Did the resident have close prolonged contact (< 2m) with a symptomatic person (e.g., roommates, essential caregivers, visitors) or body fluid of a positive case (e.g., cough, sneeze) without the consistent and appropriate use of masking?
NO
Did the health care worker have consistent and appropriate use of masking**?
NO
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate for 10 days from last exposure
YES
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as Lower-Risk Contact
• Monitor resident for symptoms.
• PCR or rapid molecular test taken on or after day 5
• Isolation not required unless symptoms develop or positive test result
Did the resident share an indoor space with a case or in a setting where close interactions occur (e.g., dining room) where public health measures were in place?
YES
NO
Monitor resident for symptoms. Consult with PHU for additional direction.
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate until PCR or rapid molecular test results taken on or after day 5 are received OR for a minimum of 10 days from last contact with case
• Monitor for symptoms of COVID-19. If symptoms develop, PCR or molecular diagnostic test
• If PCR or molecular diagnostic test taken on day 5 from last contact with the case:
◦ Is negative: precautions and isolation may be discontinued. Continue to monitor for symptoms.
◦ Is positive: treat as a case.
◦ If testing was declined: continue isolation until 10 days from last exposure.
NOTE: If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6

Scenario 2

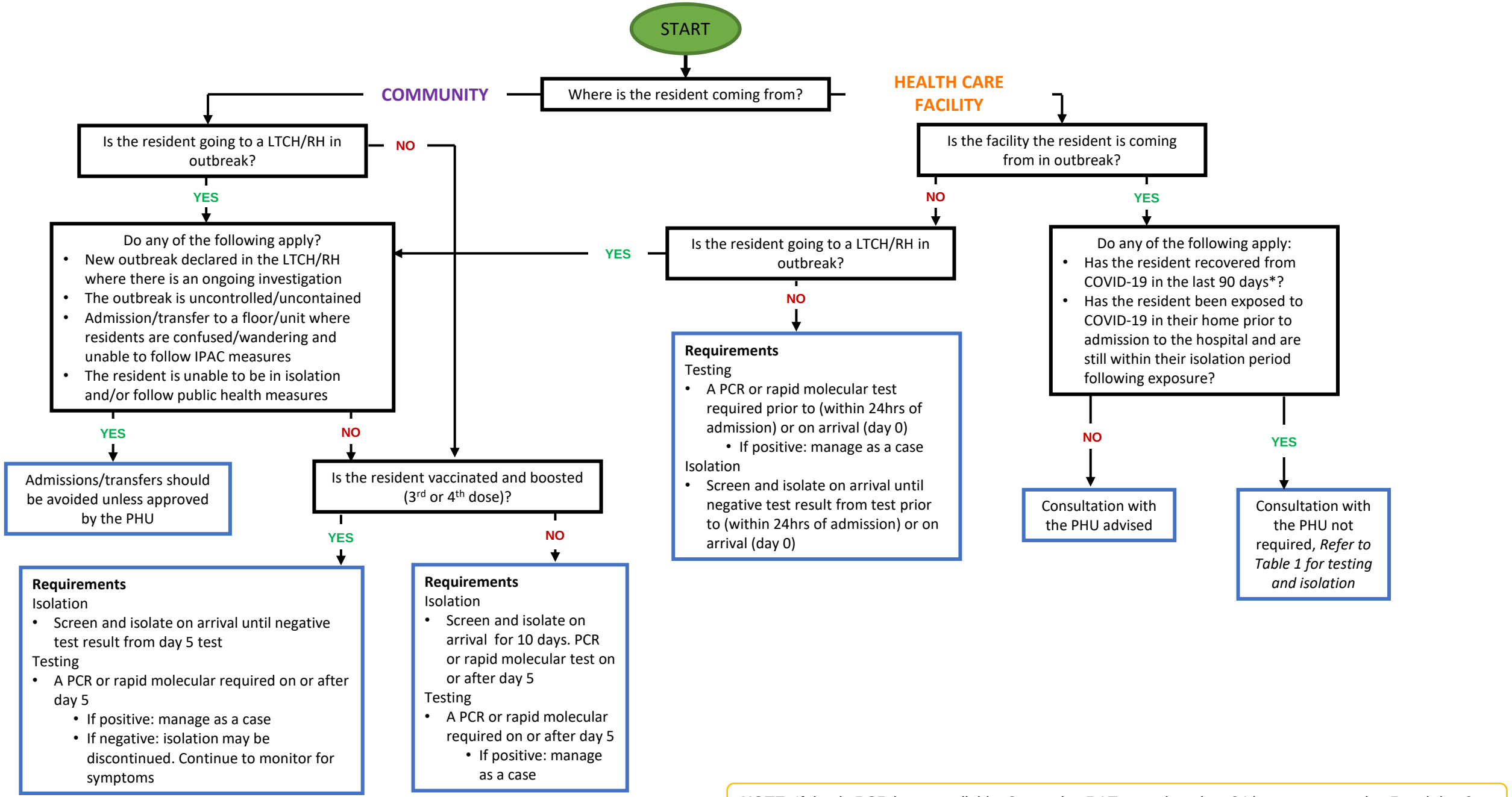
- A resident has a day visit with a family member. That evening the resident attends communal dinner with his dining cohort, which is comprised of 5 residents from their 30-resident unit. The following day, the resident develops symptoms and tests positive for COVID-19.

    - **What happens to the residents that are in the same dining cohort?**


START
Was the resident in contact with a positive case during their period of communicability*?
NO
No further action
YES
Did the resident receive direct care from a health care worker who was positive for COVID-19?
NO
YES
Did the resident have close prolonged contact (< 2m) with a symptomatic person (e.g., roommates, essential caregivers, visitors) or body fluid of a positive case (e.g., cough, sneeze) without the consistent and appropriate use of masking?
NO
Did the health care worker have consistent and appropriate use of masking**?
NO
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate for 10 days from last exposure
YES
Did the resident share an indoor space with a case or in a setting where close interactions occur (e.g., dining room) where public health measures were in place?
YES
Is the resident vaccinated and boosted (3rd or 4th dose)?*
NO
YES
Treat as Lower-Risk Contact
• Monitor resident for symptoms.
• PCR or rapid molecular test taken on or after day 5
• Isolation not required unless symptoms develop or positive test result
NO
Monitor resident for symptoms. Consult with PHU for additional direction.
Treat as High-Risk Contact
• Implement Droplet/Contact Precautions and isolate until PCR or rapid molecular test results taken on or after day 5 are received OR for a minimum of 10 days from last contact with case
• Monitor for symptoms of COVID-19. If symptoms develop, PCR or molecular diagnostic test
• If PCR or molecular diagnostic test taken on day 5 from last contact with the case:
◦ Is negative: precautions and isolation may be discontinued. Continue to monitor for symptoms.
◦ Is positive: treat as a case.
◦ If testing was declined: continue isolation until 10 days from last exposure.
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

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



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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?**

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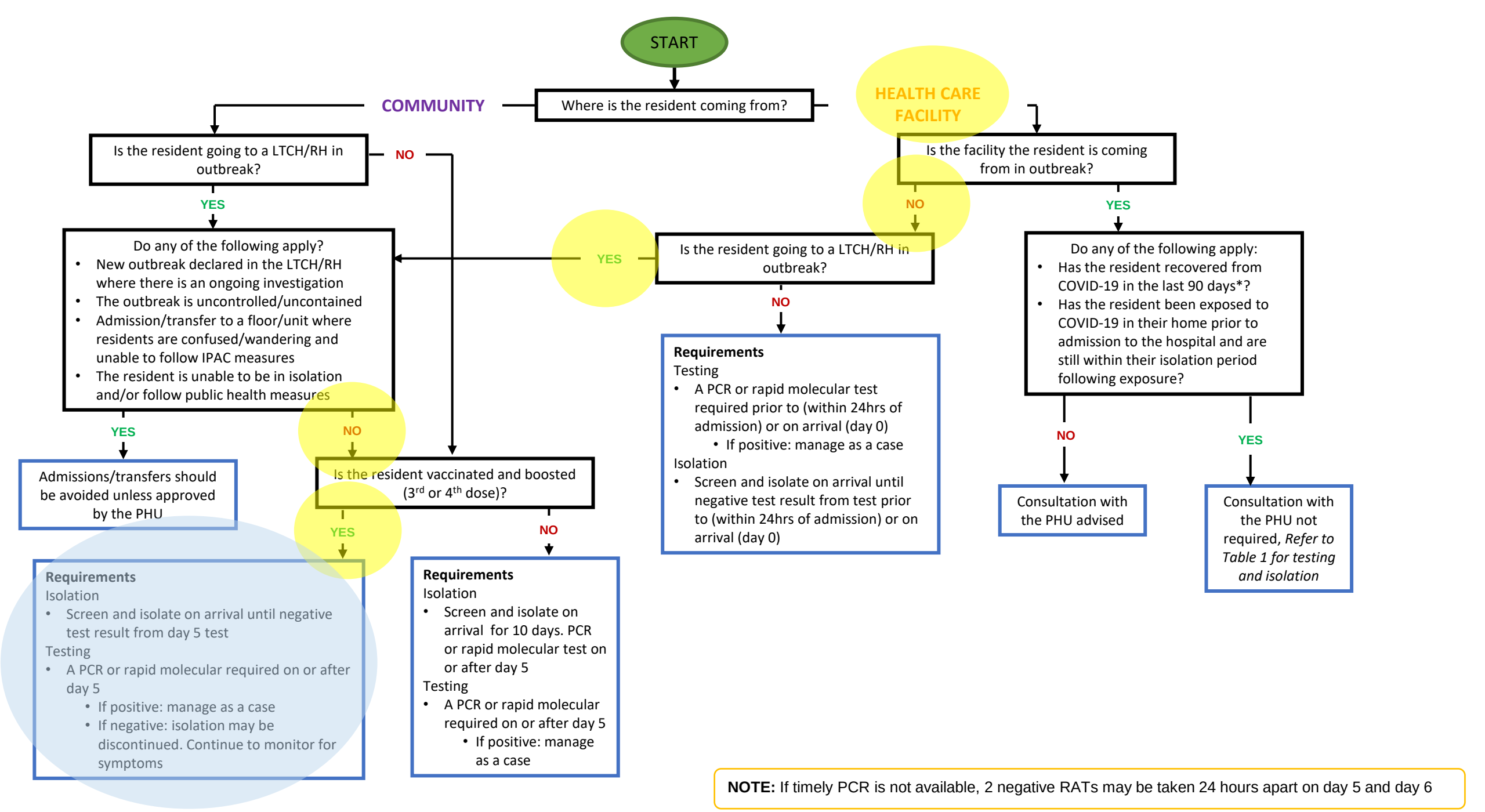

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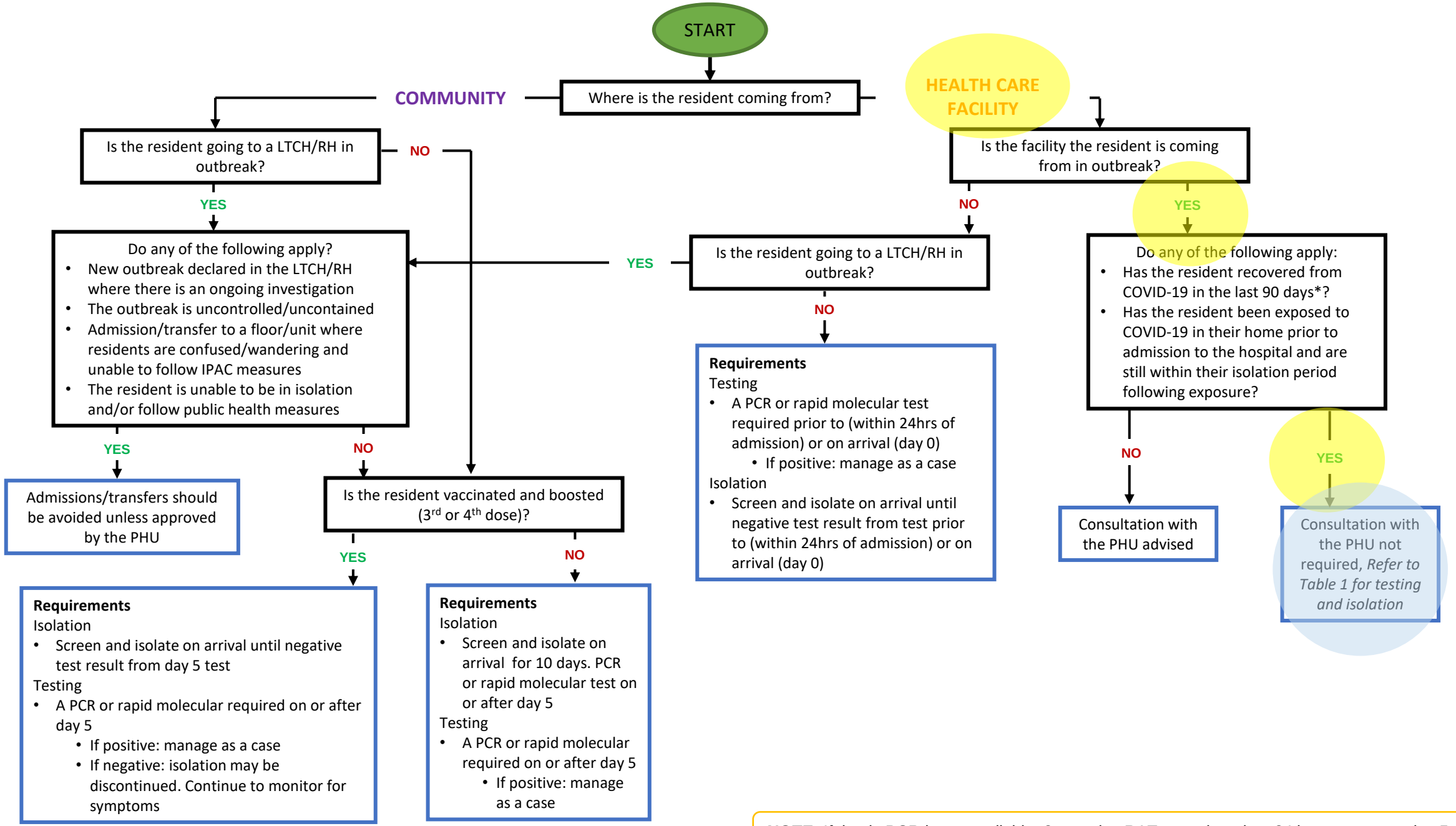
Scenario 2

- 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.



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