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

ALL PREVIOUS VERSIONS OF DIRECTIVE #3 FOR LONG-TERM CARE HOMES UNDER THE *LONG-TERM CARE HOMES ACT, 2007* ARE REVOKED AND REPLACED WITH THIS DIRECTIVE.

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 subsection 27(5) of O. Reg 166/11 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 11th, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario, and the technical guidance provided on March 12th, 2020 by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19;

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 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:

All previous versions of Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* are revoked and replaced with this Directive.

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

Date of Issuance: December 7, 2020

Effective Date of Implementation: December 9, 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 31st, 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 7th, 2020.

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

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms.

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 (LTCHs) must immediately implement the following precautions and procedures:

- **Active Screening of All Staff and Visitors.** LTCHs must immediately implement active screening of all staff, visitors and anyone else entering the LTCH for COVID-19 with the exception of first responders, who should, in emergency situations, be permitted entry without screening.

  Active screening must include twice daily (at the beginning and end of the day or shift) symptom screening and temperature checks. Anyone showing symptoms of COVID-19 must not be allowed to enter the LTCH and must be advised to go home immediately to self-isolate and be encouraged to be tested. Staff should contact their immediate supervisor/manager or occupational health and safety representative in the LTCH. Staff responsible for occupational health at the LTCH must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.

- **Active Screening of All Residents.** LTCHs must conduct active screening and assessment of all residents, including temperature checks, 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. For symptoms, please refer to the COVID-19 Reference Document for Symptoms.

- **Admissions and Transfers.** When the LTCH is not in outbreak, admissions and transfers of existing residents back to their LTCH from the community or from a hospital (including ALC patients) should proceed as follows:

  All admissions and transfers into the LTCH need to be tested for COVID-19 in accordance with the COVID-19: Provincial Testing Requirements Update. A negative result does not rule out the potential for incubating illness and all new residents who have not been previously cleared of COVID-19 must remain in isolation under Droplet and Contact Precautions for a 14-day period following arrival.

  - The receiving LTCH must have a plan for the individual being admitted/transferred to complete 14-days of self-isolation under Droplet and Contact Precautions.
  - Individuals must be placed in a single room on admission to complete their 14-day self-isolation.
    - Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who should also be placed in isolation under Droplet and Contact Precautions. At any time, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms. Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) should not be denied admission or transfer on this basis alone. LTCHs should take all precautions to ensure the completion of the required 14-day isolation period for new or transferred residents to the best of the LTCH's ability.
  - Individuals who have previously had lab-confirmed COVID-19 and have been cleared by the local public health unit within the last 90 days prior to admission/transfer do not need to be re-tested and are exempted from self-isolation.
  - The receiving LTCH must continue with other COVID-19 preparedness measures, including cohorting of residents and staff (refer to Staff and Resident Cohorting below).

Admissions and transfers may take place during an outbreak only if approved by the local public health unit, and there is concurrence between the LTCH, local public health unit and hospital.

Note: In areas with low transmission of COVID-19 as identified by the province (i.e., Prevent (Green) stage in the COVID-19 Response Framework: Keeping Ontario Safe and Open), an admission/transfer to a LTCH from a hospital may occur without the required 14-day self-isolation period provided that neither the hospital nor the LTCH are experiencing a COVID-19 outbreak and both the hospital and the LTCH are located in areas that are in the Prevent (Green) stage. This transfer may occur if the individual has had a negative COVID-19 test within 24 hours of transfer. In the event that the test result is not available within the 24-hour period, the transfer can occur, but the individual must remain in isolation in the LTCH until a negative test result is received. If this test result is positive, the individual must continue their self-isolation and the LTCH must contact their local public health unit.

Despite the conditions set out above, an individual who has tested positive for COVID-19 may be admitted or transferred back to the LTCH, provided that the admission/transfer is approved by the local public health unit per the Quick Reference Public Health Guidance on Testing and Clearance and Public Health Management of Cases and Contacts of COVID-19 in Ontario.

- **Absences.**

All non-medical absences need to be approved by the LTCH. In the event of an outbreak in the LTCH, all non-essential absences should be discontinued.

The resident or substitute decision maker must make an absence request to the LTCH. LTCHs must review and approve all non-medical absence requests based on a case by case risk assessment considering, but not limited to, the following:

- The LTCH's ability to support self-isolation for 14 days upon the resident's return.
- Local disease transmission and activity.
- The risk associated with the planned activities that will be undertaken by the resident while out of the LTCH.
- The resident's ability to comply with local and provincial policies/ bylaws.
- Any further direction provided by the Ministry of Long-Term Care (MLTC).

For LTCHs located in public health unit regions where there is evidence of increasing/significant community transmission i.e., Orange (Restrict), Red (Control) or Grey (Lockdown) levels in the provincial COVID-19 Response Framework: Keeping Ontario Safe and Open, absences are not permitted except for medical or compassionate reasons.

Types of absences:

- **Short Term:**
    - Defined as leaving the LTCH's property for social or other reasons that does not include an overnight stay.
    - A request must be submitted and approved by the LTCH.

- Upon return to the LTCH, residents must be actively screened (refer to Active Screening of All Residents above) but are not required to be tested or self-isolate.
- Residents must be provided with a medical mask to be worn when outside of the LTCH (if tolerated) and reminded about the importance of public health measures including maintaining a safe distance of at least 2 metres from others and hand hygiene.

- **Temporary:**
  - Defined as leaving the LTCH's property for social or other reasons that includes one or more nights.
  - A request must be submitted and approved by the LTC.
  - Upon return to the LTCH, residents must be actively screened (refer to Active Screening of All Residents above) and self-isolate for 14 days.
  - Residents must be provided with a medical mask to be worn when outside of the LTCH (if tolerated) and reminded about the importance of public health measures including maintaining a safe distance of at least two metres from others and hand hygiene.

- **Medical:**
  - Defined as leaving the LTCH's property for medical reasons (i.e., outpatient visits, single night emergency room visit).
  - LTCHs cannot deny a resident's request to leave the LTCH for medical visits.
  - Upon return to the LTCH, residents must be actively screened (refer to Active Screening of All Residents above) but are not required to be tested or self-isolate.
  - Emergency room visits that take place over a single night (e.g., assessment and discharge from the emergency department spans one overnight period) are considered equivalent to an outpatient medical visit.
  - Residents must be provided with a medical mask to be worn when outside of the LTCH (if tolerated) and reminded about the importance of public health measures including maintaining a safe distance of at least two metres from others and hand hygiene.

If the resident is admitted to the hospital at any point, or discharged after two or more nights in the emergency room, or is away from the home overnight (except for a single night in the emergency room), LTCHs should follow the steps outlined above under Admissions and Transfers.

If the LTCH denies an absence request, the LTCH must communicate this to the resident/substitute decision maker in writing, including the rationale for this decision. Residents whose request for an absence is denied but wish to go outside must be told to remain on the LTCH's property and maintain a physical distance of at least two metres from any other resident or staff on the property.

In the event of an outbreak where residents cannot be placed in other areas of the LTCH that are not part of the declared outbreak area, or there are other exceptional circumstances

(e.g., resident safety, advice from local public health unit), temporary short-stay in hospital could be considered for residents to support outbreak management and IPAC measures provided the following conditions are met:

- The resident can be isolated under Droplet and Contact Precautions in the hospital for 14 days.
- The resident is tested, and results known within 24 hours of the short-stay transfer to the hospital.
- Return to the LTCH should follow the Admissions and Transfers section above.

**The requirements in this Directive related to short term absences and temporary absences are not meant to apply to retirement homes. The requirements related to resident absences for retirement homes should continue to be guided by applicable Retirement Home Regulatory Authority and Ministry for Seniors and Accessibility requirements and policies, as amended from time to time.*

- **Ensure appropriate Personal Protective Equipment (PPE).** LTCHs are expected to follow COVID-19 Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007.

- **Universal Masking.** All staff and visitors must always comply with universal masking and must wear a surgical/procedure mask for the entire duration of their shift/visit. This is required regardless of whether the LTCH is in an outbreak or not.
  - **Staff** – When staff are not in contact with residents or in resident areas during their 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.
    - For visits that are outdoors, visitors can wear a face covering and should remain two metres away from the individual they are visiting and the LTCH staff.
  - **Residents** – LTCHs are required to have policies regarding masking for residents. It is strongly recommended that residents wear masks in common indoor areas in the LTCH as tolerated. LTCHs are also required to follow any additional directions provided by provincial, local public health unit or municipal bylaws.

- **Managing Visitors.** The aim of managing visitors is to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents for their quality of life.

  LTCHs must have a visitor policy in place that is compliant with this Directive and is guided by applicable policies, amended from time to time, from the MLTC, the Retirement Homes Regulatory Authority (RHRA), and the MSAA. In addition, LTCHs must comply with the Minister's Directive: *COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes* issued by the Minister of Long-Term Care, effective November 23, 2020 or as amended. The requirements in the Minister's Directive do not apply to retirement homes. The requirements related to COVID-19 testing in retirement homes should continue to be guided by applicable Retirement Home Regulatory Authority and Ministry for Seniors and Accessibility requirements and policies, as amended from time to time.

At minimum, visitor policies must:

- Be informed by the ongoing COVID-19 situation in the community and the LTCH and be flexible to be reassessed as circumstances change.
- Be based on principles such as safety, emotional well-being, and flexibility and address concepts such as compassion, equity, non-maleficence, proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy).
- Include education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE.
- Include allowances and limitations regarding indoor and outdoor visiting options.
- Include criteria for defining the number and types of visitors allowed per resident when the LTCH is not in an outbreak, in accordance with MLTC and MSAA policies. When the LTCH is in an outbreak, only essential visitors (as defined below) are permitted in the LTCH.
- Include screening protocols, specifically that visitors be actively screened on entry for symptoms and exposures for COVID-19, including temperature checks and not be admitted if they do not pass the screening.
- Include visitor attestation to not be experiencing any COVID-19 symptoms.
- Comply with the LTCH's IPAC protocols, including donning and doffing of PPE.
- Clearly state that if the LTCH is not able to provide surgical/procedure masks, no visitors should be permitted inside the LTCH. Essential visitors who are provided with appropriate PPE from their employer, may enter the LTCH.
- Include a process for communicating with residents and families about policies and procedures including the gradual resumption of visits and the associated procedures.
- State that non-compliance with the LTCH's policies could result in a discontinuation of visits for the non-compliant visitor.
- Include a process for gradual resumption of general visitors that stipulates:
    - Visits should be pre-arranged.
    - Residents are permitted up to maximum two visitors at a time.
    - Must only visit the resident they are intending to visit, and no other resident.
    - Visitors should use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times.
    - Visits are not permitted when:
        - A resident is self-isolating or symptomatic, or
        - A LTCH is in an outbreak, or
        - The LTCH is located in a public health unit region where there is evidence of increasing/significant community transmission i.e., Orange (Restrict), Red (Control) or Grey (Lockdown) levels in the provincial COVID-19 Response Framework: Keeping Ontario Safe and Open.
- Specify that essential visitors:

- Be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.
- Providing direct care to a resident must use a surgical/procedure mask while in the LTCH, including while visiting the resident that does not have COVID-19 in their room.
- Who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #1 and Directive #5.
- Are the only type of visitors allowed when:
  - A resident is self-isolating or symptomatic, or
  - A LTCH is in an outbreak, or
  - The LTCH is located in a public health unit region where there is evidence of increasing/significant community transmission i.e., Orange (Restrict), Red (Control) or Grey (Lockdown) levels in the provincial COVID-19 Response Framework: Keeping Ontario Safe and Open.

- **Limiting Work Locations.** LTCH employers must comply with O. Reg. 146/20 and retirement home employers must comply with O. Reg. 158/20, both made pursuant to the *Reopening Ontario (A Flexible Response to COVID-19) Act.* Wherever possible, employers should work with all contractors, students, and volunteers to limit the number of work locations that contractors, students and volunteers are working at to minimize risk to residents of exposure to COVID-19.

- **Staff and Resident Cohorting.** LTCHs must have a plan for and use, to the extent possible, staff and resident cohorting as part of their approach to preparedness as well as to prevent the spread of COVID-19 once identified in the LTCH.

  Resident cohorting may include one or more of the following: alternative accommodation in the LTCH to maintain physical distancing of 2 metres at all times, resident cohorting by COVID-19 status, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate. Staff cohorting may include: designating staff to work in specific areas/units in the LTCH as part of preparedness and designating staff to work only with specific cohorts of residents based on their COVID-19 status in the event of suspect or confirmed outbreaks.

  In smaller LTCHs or in LTCHs 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 known to be affected by COVID-19.

  Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the LTCH, 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 of 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 LTCH should immediately trigger an outbreak assessment and take the following steps:
    1. Place the symptomatic resident or staff in isolation under Droplet and Contact Precautions.
    2. Test the symptomatic resident or staff (if still in the LTCH) immediately.
    3. Contact the local public health unit to notify them of the suspected 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, including staff; test residents and staff in close contact with a symptomatic staff member per risk exposure and local public health unit advice.
    5. Ensure adherence to cohorting of staff and residents to limit the potential spread of COVID-19.
    6. Enforce enhanced screening measures among residents and staff.

    - **Receiving negative test results.** If the LTCH receives negative test results on the initial person who was tested, the LTCH can consider ending the suspect outbreak assessment related steps in consideration of other testing completed and in consultation with the local public health unit.

    - **Receiving positive test results**. LTCHs must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the LTCH. When only asymptomatic residents and/or staff with positive results are found as part of enhanced surveillance testing of residents and/or staff, it may not be necessary to declare an outbreak. This should only be assessed and done in consultation with the local public health unit.

      If a resident who was admitted or transferred to the LTCH is tested during the 14-day isolation period and the results are positive and the resident has been in isolation under Droplet and Contact Precautions during the entirety of the 14-day period, declaring an outbreak may not be necessary.

      In the event an outbreak of COVID-19 is declared in the LTCH, all staff in the entire LTCH **and** all residents in the LTCH must be offered testing. Any exception to this must be approved by the Chief Medical Officer of Health.

- **Management of a Single Case in a Resident.** The resident must be in isolation under appropriate Droplet and Contact Precautions, in a single room if possible.

  Staff who have had a high-risk exposure to COVID-19 without appropriate PPE and are asymptomatic must self-isolate for 14 days and monitor for symptoms. In exceptional circumstances staff may be deemed critical, by all parties, to continued operations in the LTCH, and continue their duties under work self-isolation. If staff are continuing to work, they must undergo regular screening for symptoms, use appropriate PPE, and undertake self-monitoring for 14 days. Staff who have had contact with a low risk exposure to COVID-19, should be self-monitoring for 14 days. For details refer to the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance.

- **Management of a Single Case in Staff.** Even if the staff exposure was to a specific area of the LTCH, strong consideration must be given to applying outbreak control measures to the entire LTCH.

  Staff who have tested positive and are symptomatic cannot attend work. In exceptional circumstances when a staff member has been deemed critical, the staff member who has tested positive and whose symptoms have resolved, or they remain asymptomatic may return to work under work self-isolation after a certain number of days. For details refer to the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance.

- **Required Steps in an Outbreak.** When local public health declares an outbreak in a LTCH, the following measures must be taken:
  1. Local public health activates and chairs the Outbreak Management Team (OMT).
  2. For admissions or transfers refer to Admissions and Transfers above.
  3. If residents are taken out of the LTCH by family, they may not be readmitted until the outbreak is over.
  4. For residents that leave the LTCH for an out-patient medical visit, the LTCH must provide a mask. The resident must wear a mask while out, if tolerated, and be screened upon their return, but does not need to be self-isolated.
  5. Discontinue all non-essential activities, including non-medical absences.

  Testing. Please refer to the current version of the COVID-19 Provincial Testing Guidance Update published on the Ministry's website.

  LTCHs must also comply with the testing requirements outlined in the Minister's Directive: *COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes* issued by the Minister of Long-Term Care effective November 23, 2020 or as amended.

  The requirements in the Minister's Directive do not apply to retirement homes. The requirements related to COVID-19 testing in retirement homes should continue to be guided by applicable Retirement Home Regulatory Authority and Ministry for Seniors and Accessibility requirements and policies, as amended from time to time.

- **Ensure LTCH's COVID-19 Preparedness.** LTCHs, in consultation with their Joint Health and Safety Committees or Health and Safety Representatives, if any, must ensure measures are taken to prepare the LTCH for a COVID-19 outbreak including:
  - Determining who from the LTCH should be part of the OMT,
  - Ensuring swab kits are available and plans are in place for taking specimens,
  - Ensuring sufficient PPE is available,
  - Ensuring appropriate stewardship and conservation of PPE is followed,
  - Training of staff on the use of PPE,
  - Discuss with each resident and their substitute decision-maker an advanced care plan for the resident, and document the plan as part of community planning with local acute care facilities and EMS,

- Communicate with local acute care hospitals regarding outbreak, including number of residents in the facility, and number who may potentially be transferred to hospital if ill based on the expressed wishes of the residents,
- Develop policies to manage staff who may have been exposed to COVID-19, and
- Must permit an organization completing an IPAC assessment and report to share the report with any or all of the following: public health units, local public hospitals, LHINs, the MLTC in the case of LTCHs and the RHRA in the case of retirement homes, as may be required to respond to COVID-19 at the home.

- **Communications.** LTCHs must keep staff, residents and families informed about COVID-19, including frequent and ongoing communication during outbreaks. 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 LTCH 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 LTCH.

In accordance with subsection 27(5) of O. Reg 166/11 made under the *Retirement Homes Act, 2010* 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

LTCHs, retirement homes and health care workers (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.

LTCHs, 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