Ministry of Health

Novel Coronavirus (COVID-19) Fact Guidance for Long-Term Care

Version 2 – February 11 2020

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

What you need to know

- Long-term care homes (LTCHs) should take enhanced precautions to prevent visitors who screen positive for COVID-19 from visiting the home.
- Staff, other caregivers, and volunteers with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTCH.
- All testing for COVID-19 will take place in hospitals or as otherwise arranged in consultation with local public health, unless the LTCH has the capacity to safely conduct a clinical examination and collect specimens for a patient at risk of having COVID-19 as detailed in the *Novel Coronavirus (2019-nCoV) Guidance for Primary Care Providers in a Community Setting*.
- LTCH staff should follow routine precautions as well as contact and droplet precautions when providing health care services to any person under investigation for COVID-19 . LTCHs that can safely conduct a clinical examination and collect specimens should also follow airborne precautions as detailed in the *Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting*.

The COVID-19 in a LTCH setting

Respiratory infection outbreaks occur in LTCHs throughout the year but are more common during the winter months. The novel coronavirus, COVID-19, may be introduced to a LTCH through individuals (such as visitors and staff) with an epidemiological link to Hubei province (including Wuhan), China.

The resident community in LTCHs is likely to be older, frailer, and have chronic conditions which weaken their immune systems. Residents may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways. Residents are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.

The guidance in this document has been developed specifically for implementation in LTCHs but should be adapted to other settings wherever possible.

Screening and Triage

LTCHs are being requested to conduct passive screening of visitors, staff, and volunteers, and active screening of residents. The LTCH should also ensure that an employee health policy is in place to send employees home if symptoms begin to develop at work.

1. Passive screening for staff, volunteers and visitors

- Signage should be posted on entry to the building and at reception areas for anyone entering the LTCH (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:
    - Fever, and/or
    - Acute respiratory illness, and
    - Travel history to mainland, China in the last 14 days since onset of illness OR have had contact with a person who has the above travel history and is ill.

If experiencing respiratory symptoms, visitors must not visit the LTCH until symptoms completely resolve. For more information, please see: Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018.

- As part of routine measures for the respiratory season, existing signage should be visible that reminds residents and visitors to perform hand hygiene, sneeze/cough into their elbow, wear a procedure mask if needed, put used tissues in a waste receptacle and to wash hands immediately after using tissues.

- LTCHs must instruct all staff and volunteers to self-screen at home. Staff, other caregivers, and volunteers with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTCH. All staff should be aware of early signs and symptoms of acute respiratory infection. For more information, please see: Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018.

2. What to do if a staff member, volunteer or visitor screens positive?

- LTCHs should provide further guidance (e.g., over the phone or at the reception desk) to volunteers and visitors who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to mainland China (e.g., they should call Telehealth Ontario or their local public health unit).
- More information on what to do if a staff member screens positive can be found below under *occupational health & safety and infection, prevention & control advice*.

3. *Active screening for resident admissions and re-admissions or returning residents*

Sample Screening

Is the resident presenting with:

1. Fever, and/or new onset of cough or difficulty breathing,

   AND any of the following:

2. Travel to mainland China in the 14 days before the onset of illness

   OR

   Close contact with a confirmed or probable case of COVID-19

   OR

   Close contact with a person with acute respiratory illness who has been to mainland China in the 14 days before their symptom onset.

- LTCHs should conduct screening (when possible, over-the-phone screening) for new admissions, re-admissions or returning residents.
- LTCHs must consult with the local public health unit if exposure to, or transmission of, COVID-19 has been confirmed in order to determine any additional public health actions, including implementing active staff screening.

4. *What to do if a resident screens positive?*

- If a resident of a LTCH answers yes to both questions (1) and (2), and they are onsite, they should:
    - Be instructed to wear a procedure mask (if tolerated) and placed in a single room to wait for further assessment.

- If necessary, a health care provider in the LTCH can conduct a clinical history and visual assessment using routine, droplet, and contact precautions and maintaining a 2 metre distance from the resident, but should **not** conduct a physical examination unless the LTCH has the capacity to safely conduct a clinical examination and collect specimens for a patient at risk of having COVID-19 as detailed in the *Novel Coronavirus (COVID-19 Guidance for Primary Care Providers ina Community Setting*.
    - The LTCH staff do not need to use enhanced airborne precautions (i.e., are not required to have an airborne infection isolation room with negative pressure) unless they determine they are able to safely conduct a clinical examination and collect specimens as detailed in the *Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting*.

- The LTCH should contact their local public health unit to report the suspect case and discuss the most appropriate setting for the resident to be clinically assessed and tested, if warranted. All referrals to hospital should be made to a triage nurse.

- If a resident is referred to a hospital, the LTCH should coordinate with the hospital, local public health unit, paramedic services and the resident to make safe arrangements for travel to the hospital that maintains isolation of the patient.
    - Patient transfer services should not be used to transfer a resident from the LTCH who screens positive to the questions above.

Occupational health & safety and infection prevention & control advice

Within LTCHs, the ministry recommends the use of routine practices and additional precautions (contact and droplet) in the event the resident receives a health assessment by a health care provider. These precautions include:

- hand hygiene
- environmental cleaning
- wearing appropriate personal protective equipment (PPE) for droplet precautions (e.g. procedural masks) if a resident screens positive
- proper training in donning (putting on) and doffing (taking off) of PPE in order to prevent cross-contamination and the potential spread of infection

For LTCHs that have determined they can safely conduct a clinical examination and collect specimens, airborne precautions should be followed as detailed in the *Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting*.

For more information, please see:

PIDAC Routine Practices and Additional Precautions in all Health Care Settings, 3rd edition.

PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd edition.

Staff of LTCHs who become ill with a respiratory infection should report their illness to their manager or to Employee Health/Occupational Health and Safety. The manager or Employee Health/Occupational Health designate must promptly inform the Infection Control Practitioner or designate of any cases/clusters of employees/contract staff who are absent from work with acute respiratory infection. For more information, please see: Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018.

If the staff illness is determined to be health care acquired:

Under subsection 52(2) of the *Occupational Health and Safety Act,* an employer must provide written notice within 4 days of being advised by, or on behalf of, a worker that a worker has an occupational illness, including an occupationally-acquired infection, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB) with respect to an occupational illness, to:

- the Ministry of Labour;
- the joint health and safety committee (or health and safety representative); and
- the trade union, if any.

Any instances of occupationally-acquired infection shall be reported to the Workplace Safety and Insurance Board within 72 hours of the LTCH receiving notification of said illness.

If COVID-19 is suspected or diagnosed in a staff member, return to work should be determined in consultation with the local public health unit. Staff must report to Occupational Health and Safety prior to return to work.

Testing

- At this time, health care providers in LTCHs are not expected to conduct testing for COVID-19 unless the LTCH has determined they have the capacity to safely conduct a clinical examination and collect specimens as detailed in the *Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting*.
- All health care providers have a duty to report a patient who has or may have COVID-19 to the local public health unit.
- The LTCH should contact their local public health unit to report the suspect case and discuss the most appropriate setting for the resident to be clinically assessed and tested.

Reporting

The LTCH should use routine reporting procedures to contact their local public health unit. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the *Health Protection and Promotion Act* .

What is known about the COVID-19

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.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

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

Common signs of infection include: fever, respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread include performing hand hygiene (either use of alcohol-based hand rub or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g., covering mouth and nose when coughing and sneezing, using tissues to contain respiratory secretions).

As of January 25, 2020, cases of COVID-19 have been announced in Ontario. While it is anticipated that we may see additional cases with travel history to the impacted region, the overall risk to the community remains low.

At this time:

- Almost all cases have direct or indirect epidemiological link to Hubei province (including Wuhan), China.
- Effective infection prevention & control measures are in place across Ontario's health system.

Since it is possible that some people who have contracted this virus will travel from Hubei province (including Wuhan), China to other countries, health care providers in Ontario should consider the possibility of COVID-19 infection in persons who meet the case definitions outlined in the Ministry of Health's Guidance for Health Workers and Health Sector Employers on 2019-nCoV.

For more information

If you have any questions, please consult the ministry's website on COVID-19 or contact your local public health unit.

General advice to LTCH staff

There are several things that LTCH staff can do to prevent themselves and residents from becoming sick with this virus:

- Have procedural masks, tissues and alcohol-based hand rub available to residents and staff.
- Review infection prevention & control and occupational health and safety policies and procedures.
- Post signage on building entrances informing persons to self-identify if they are experiencing fever and/or acute respiratory illness, and have a travel history to mainland China in the last 14 days since onset of illness or contact with a person who has the above travel history and is ill (see screening procedures above).
- Have ongoing surveillance programs in place throughout the year, including both passive and active surveillance to quickly detect respiratory infections.