

Directive 3 for Long-Term Care Homes Updated by Ministry of Health

Update for York Region long-term care/retirement homes as of June 12, 2020

On June 10, 2020, Ontario's Ministry of Health updated their Directive #3 for Long-Term Care/Retirement Homes (LTCH/RH) under the *Long-Term Care Homes Act, 2007*. This update alters the guidance for LTCH/RH in a number of key areas, including:

- Active screening for staff, visitors, and residents
- New admissions
- Re-admissions
- Short stay absences
- Managing visitors (previously, LTCH/RH were allowing essential visitors only)
- Receiving negative test results

The full guidance will be posted by the Ministry of Health here:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx

Please see below for the changes to Directive #3, with key updates underlined.

Topic	Updates
Active Screening of All Staff and Visitors	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 <u>must not be allowed to enter the home and must be advised to go home immediately to self-isolate and be encouraged to be tested.</u> Staff should contact their immediate supervisor/manager or occupational health and safety representative in the home. Staff responsible for occupational health at the home must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
Active Screening of All Residents	Long-term care homes 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 typical and atypical symptoms, please refer to the COVID-19 Reference Document for Symptoms issued on May 25th, 2020 or as amended. <u>For residents that leave the home for an out-patient visit, the home 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.</u>
New Admissions	New admissions from the community or from a hospital (including ALC patients) to a long-term care home or retirement home can occur if: 1. The receiving home is NOT in a COVID-19 outbreak. <u>Under exceptional circumstances admissions may take place during an outbreak if:</u> <ul style="list-style-type: none"> - <u>It is approved by the local public health unit, and</u> - <u>There is concurrence between the home, public health and hospital.</u>



<p>New Admissions (continued)</p>	<p>2. The resident has been:</p> <ul style="list-style-type: none"> - Tested for COVID-19, has a negative result and is transferred to the home within 24 hours of receiving the result, or - <u>Confirmed infected and cleared of COVID-19.</u> <ul style="list-style-type: none"> o <u>Residents being admitted who have been cleared of COVID-19 do not need to undergo 14-days of self-isolation.</u> <p>3. The receiving home has:</p> <ul style="list-style-type: none"> - <u>Sufficient staffing</u>, and - <u>A plan to:</u> <ul style="list-style-type: none"> o Ensure the resident being admitted (<u>except for those who have cleared of COVID-19</u>) can complete 14-days of self-isolation, under Droplet and Contact Precautions, <u>and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and</u> o <u>Continue with other COVID-19 preparedness measures (e.g., cohorting).</u> <p>4. <u>The resident is placed in a room with no more than one other resident. That is, there shall be no further placement of residents in 3 or 4 bed ward rooms.</u></p> <p><u>A resident has been cleared of COVID-19 if they have had lab-confirmed COVID-19 more than 14 days prior to admission to the receiving home.</u></p> <p>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 home must be <u>able to maintain and have a plan in place for isolation of new admissions.</u></p> <p><u>Despite the condition set out in paragraph 2 above, a new admission of a resident who is positive for COVID-19 may be made providing that it 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.</u></p>
<p>Re-Admissions</p>	<p>Hospital transfers to long-term care homes and retirement homes, can occur if:</p> <ol style="list-style-type: none"> 1. It is a re-admission to long-term care (the resident is returning to their home). 2. The home is NOT in a COVID-19 outbreak. <u>Under exceptional circumstances re-admissions may take place during an outbreak if:</u> <ul style="list-style-type: none"> - <u>It is approved by the local public health unit, and</u> - <u>There is concurrence between the home, public health and hospital.</u> 3. The resident has been: <ul style="list-style-type: none"> - Tested for COVID-19 <u>at point of discharge</u>, has a negative result and is transferred to the home within 24 hours of receiving the result, or - <u>Confirmed infected and cleared of COVID-19.</u> <ul style="list-style-type: none"> o <u>Residents being admitted who have been cleared of COVID do not need to undergo 14-days of self-isolation.</u> 4. The receiving home has a plan to: <ul style="list-style-type: none"> - Ensure that the resident being re-admitted (<u>except those who have been cleared of COVID-19</u>) can complete 14-days of self-isolation, under Droplet and Contact Precautions <u>and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and</u> - <u>Continue with other COVID-19 preparedness measures (e.g., cohorting).</u>

	<p>5. <u>The resident is placed in a room with no more than one other resident. That is, there shall be no further placement of residents in 3 or 4 bed ward rooms.</u></p> <p><u>A resident has been cleared of COVID-19 if they have had lab-confirmed COVID-19 more than 14 days prior to admission to the receiving home.</u></p> <p>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 home must be able to maintain and have a plan in place for isolation of new admissions.</p> <p><u>Despite the condition set out in paragraph 3 above, a re-admission of a resident who is positive for COVID-19 may be made providing that it 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.</u></p> <ul style="list-style-type: none"> • For long-term care homes only: <u>In the case that there is any difference of view between a hospital and long-term care home about the suitability of the return of the resident to the long-term care home, please contact the local placement coordinator/office. If they cannot resolve the issue will be escalated to the Ministry.</u>
<p>Short-Stay Absences: Exceptions for Retirement Home Residents to Leave the Property and Temporary Short Stay in Hospital Under Exceptional Circumstances</p>	<ol style="list-style-type: none"> 1. Long-term care homes must not permit residents to leave the home for short-stay absences to visit family and friends. Residents who wish to go outside of the home must be told to remain on the home's property and maintain safe physical distancing. <u>Exceptions for retirement homes are provided in policy documents which must be complied with in order for residents to leave the home.</u> 2. <u>In the event of an outbreak where residents cannot be placed in other areas of the home 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:</u> <ul style="list-style-type: none"> • <u>The resident can be isolated under Droplet and Contact Precautions in the hospital for 14 days.</u> • <u>The resident is tested and results known within 24 hours of the short-stay transfer to the hospital.</u> • <u>Return to the home should follow the Admission and Re-Admission details above.</u>
<p>Managing Visitors: (Previously Essential Visitors Only)</p>	<p><u>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. Homes 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 and MSAA. At minimum, visitor policies must:</u></p> <ol style="list-style-type: none"> 1. <u>Be informed by the ongoing COVID-19 situation in the community and the home and be flexible to be reassessed as circumstances change.</u> 2. <u>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).</u> 3. <u>Include education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE.</u>

	<ol style="list-style-type: none"> 4. <u>Include allowances and limitations regarding indoor and outdoor visiting options.</u> 5. <u>Include criteria for defining the number and types of visitors allowed per resident when the home is not in an outbreak, in accordance with MLTC and MSAA policies. When the home is in an outbreak, only essential visitors (as defined below) are permitted in the home.</u> 6. 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. 7. Include visitor attestation to not be experiencing any of the typical and atypical symptoms. 8. <u>Comply with the home's IPAC protocols, including donning and doffing of PPE.</u> 9. <u>Clearly state that if the home is not able to provide surgical/procedure masks, no family visitors should be permitted inside the home. Essential visitors who are provided with appropriate PPE from their employer, may enter the home.</u> 10. <u>Include a process for communicating with residents and families about policies and procedures including the gradual resumption of family visits and the associated procedures.</u> 11. <u>State that non-compliance with the home's policies could result in a discontinuation of visits for the non-compliant visitor.</u> 12. <u>Include a process for gradual resumption of family visitors that stipulates:</u> <ol style="list-style-type: none"> a) <u>Visits should be pre-arranged.</u> b) <u>Family visitors to begin with one visitor at a time.</u> c) <u>Must only visit the one resident they are intending to visit, and no other resident.</u> d) <u>Family 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.</u> e) <u>Family visits are not permitted when: i. A resident is self-isolating or symptomatic, or ii. A home is in an outbreak.</u> 13. Specify that essential visitors: <ol style="list-style-type: none"> a) Be defined as including a person performing essential support services (e.g., food delivery, <u>inspector</u>, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident. b) Providing direct care to a resident must use a surgical/procedure mask while in the home, including while visiting the resident that does not have COVID-19 in their room. c) Who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. d) <u>Are the only type of visitors allowed when: i. A resident is self-isolating or symptomatic, or ii. A home is in an outbreak.</u>
<p>Receiving Negative Test Results Updated</p>	<p>If the long-term care home receives negative test results on the initial person who was tested, the long-term care home <u>can consider ending the suspect outbreak assessment related steps in consideration of other testing completed and in consultation with the local public health unit.</u></p>
<p>Required Steps In an Outbreak</p>	<p>If an outbreak is declared at the long-term care home, the following measures must be taken:</p> <ol style="list-style-type: none"> 1. <u>For new resident admissions or re-admission refer to Admissions and Re-Admissions above.</u> 2. If residents are taken by family out of the home, they may not be readmitted until the outbreak is over. 3. For residents that leave the home for an out-patient visit, the home must provide a mask. The resident must wear a mask while out, if tolerated, and

	<p>be screened upon their return, <u>but does not need to be self-isolated.</u></p> <p>4. Discontinue all non-essential activities.</p>
<p>Ensure LTC Home's COVID-19 Preparedness</p>	<p>Long-term care homes and retirement 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:</p> <ol style="list-style-type: none"> 1. Ensuring swab kits are available and plans are in place for taking specimens, 2. Ensuring sufficient PPE is available, 3. Ensuring appropriate stewardship and conservation of PPE is followed, 4. Training of staff on the use of PPE, 5. <u>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.</u> 6. <u>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.</u> 7. 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 Ministry of Long-Term Care in the case of long-term care homes and the Retirement Homes Regulatory Authority in the case of retirement homes, as may be required to respond to COVID-19 at the home.

For more information

York Region Public Health will continue to provide health care professionals with the latest information on Ministry guidance as the COVID-19 pandemic progresses. If you have any questions about COVID-19, call our dedicated health professional COVID-19 line at **1-877-464-9675 ext. 77280** (8:30 a.m. to 8 p.m., seven days a week, after hours call 905-953-6478). Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/covid19 for up to date information on COVID-19.