

## 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 REPLACES THE DIRECTIVE #3 ISSUED ON APRIL 8, 2020. THE DIRECTIVE #3 ISSUED ON APRIL 8, 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 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 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 17<sup>th</sup>, 2020 due to the outbreak of COVID-19 in Ontario and the extension of that emergency in Ontario on April 14<sup>th</sup> and the further extension of emergency orders made under that Act to May 19<sup>th</sup>;

**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 April 15, 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:** May 21, 2020

**Effective Date of Implementation:** May 21, 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](#). 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 was replaced on March 30, 2020 by more specific requirements for COVID-19. That Directive was further replaced by a revised Directive dated April 15<sup>th</sup>, 2020 which had more detailed and specific requirements. That Directive is now replaced by this Directive.

## Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms issued May 2, 2020 or as amended.

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 of All Staff and Visitors.** 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 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 should not be allowed to enter the home and should go home immediately to self-isolate. 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, 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, including temperature checks. 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 update on guidance for testing issued on May 2, 2020 or as amended.
- **Admission and Re-Admissions.** Hospital transfers to long-term care homes can only be for re-admissions (the resident is returning to their home). These re-admissions cannot occur during an outbreak in the long-term care home. Hospital transfers can occur to retirement homes (not only re-admissions), but not during an outbreak in the retirement home. For homes not in an outbreak, all new admissions from the community to a long-term care home or retirement home, new admissions to a retirement home from a hospital, and re-admissions from hospital to a long-term care home, must be tested for COVID-19 and receive negative results not more than 24 hours before entering/being transferred to the home. A negative result does not rule out the potential for incubating illness and all new and returning residents must remain in isolation under Droplet and Contact Precautions for

a 14-day period following arrival, and the receiving home must have a plan to ensure this occurs.

- **Short-Stay Absences.** 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.
- **Ensure appropriate Personal Protective Equipment (PPE).** Long-term care homes are expected to follow COVID-19 [Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes](#).
- **Staff and Essential Visitor Masking.** Long-term care homes should immediately implement that all staff and essential visitors wear surgical/procedure masks at all times for source control for the duration of full shifts or visits in the home. This is required regardless of whether the home is in an outbreak or not. 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.
- **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, maintenance, family or volunteers providing care services 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 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.
  2. The essential visitor must also attest to not be experiencing any of the typical and atypical symptoms.
  3. The essential visitor must only visit the one resident they are intending to visit, and no other resident.
  4. The essential visitor must wear a mask while in the home, including while visiting the resident that does not have COVID-19 in their room.
  5. For any essential visitor in contact with a resident who is suspect or confirmed with COVID-19, appropriate PPE should be worn in accordance with Directive #5 and Directive #1.
- **Limiting Work Locations:** Wherever possible, employers should work with contractors and volunteers to limit the number of work locations that contractors and volunteers are working at, to minimize risk to residents of exposure to COVID-19. In addition, with respect to employees, long-term care home employers must also comply with Ontario Regulation 146/20 and retirement home employers must also comply with Ontario Regulation 158/20, both made pursuant to the *Emergency Management and Civil Protection Act*.

- **Staff and Resident Cohorting.** Long-term care homes 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 home.

Resident cohorting may include one or more of the following: alternative accommodation in the home 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 home 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 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 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 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 or staff under Contact/Droplet Precautions.
  2. Test the symptomatic resident or staff (if still in the home) 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, including staff; test residents and staff in close contact with a symptomatic staff member per risk exposure and local public health unit advice.
  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 and all other residents and/or staff tested are also negative, 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 rapidly assessed, in collaboration with the local public health unit, using a risk-based approach based on exposures and following Provincial Testing Guidance.

If a resident who was admitted or re-admitted to the home is tested during the 14-day isolation period and the results are positive and the resident has been in isolation under Contact and Droplet Precautions during the entirety of the 14-day period, declaring an outbreak may not be necessary. When only asymptomatic residents and/or staff with positive results are found as part of the enhanced surveillance testing initiative for all residents and 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.

- **Management of a Single Case in a Resident.** The resident must be in isolation under appropriate Contact and Droplet 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 home, 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 medium risk exposure to COVID-19 should be self-monitoring for 14 days.

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

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 May 2, 2020, or as amended.

- **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 (in the outbreak area or entire home based on the outbreak declared).
  2. No re-admission of residents in the home or outbreak area, per the specific outbreak, until the outbreak is over. Refer to the Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes.
  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.

- **Testing.** Please refer to the update on guidance for testing issued on May 2, 2020 or as amended for long-term care and retirement homes.
- **Ensure LTC Home's COVID-19 Preparedness.** 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: 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, 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 policies to manage staff who may have been exposed to COVID-19 and must permit an organization completing an infection prevention and control (IPAC) assessment and report to share it with public health units, local public hospitals, LHINs, the Ministry of Long-Term Care in the case of long-term care homes and the Retirement Home Regulatory Authority in the case of retirement homes, as may be required to respond to COVID-19 at the home.
- **Communications.** Long-term care homes 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 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 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

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](mailto: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.

A handwritten signature in black ink that reads "D Williams". The signature is written in a cursive style with a large initial "D" and a trailing flourish.

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health