

Coronavirus Disease 2019 (COVID-19)

Exposure/Outbreak Checklist for Long-Term Care Homes and Retirement Homes

April 8, 2020

The purpose of this checklist is to prepare long-term care and retirement home staff to identify and manage a person with suspected or confirmed COVID-19. This outbreak checklist is to be used **in addition to and does not replace** the TPH Standard Outbreak Control Measures Checklist and the Guidelines for Control of Respiratory Outbreaks in LTCHs .

This COVID19 checklist is up to date with Province of Ontario

- CMOH Directive #3 to LTCHs March 30, 2020
- COVID-19 Outbreak Guidance for Long Term Care Homes April 1, 2020
- COVID-19 Provincial Testing Guidance Update April 8, 2020

These and other key COVID19 documents can be found on the [TPH health professionals COVID19 website](#) .

- Part 1 includes measures that all LTCH / RH should already have in place to prevent COVID19.
- Part 2 includes additional outbreak measures that should be put in place when a COVID19 case is confirmed in a resident or staff.

Part 1: Preventive measures that should already be in place. Review and ensure these are being followed.

R = Reviewed; C = Completed; I-P = In Progress

Main Entrance(s)	R	C	Resources and Notes
<p>The following items are available as close to the entrance of the building as possible and at reception:</p> <ul style="list-style-type: none"> • Alcohol-based hand rub (ABHR) with 70- 90% alcohol concentration • Tissues • Procedure masks • Proper use signage • No touch waste receptacle 			
Screening	R	C	Resources and Notes
<p>Hand hygiene and respiratory etiquette signage should be posted at the entrance of the building, near the entry screener.</p> <p>A screener should be at the entrance of the facility:</p> <ul style="list-style-type: none"> • Actively screen including temperature: all people entering the building including health care workers (HCWs), other staff, essential visitors • The screener should ask about fever, cough, difficulty breathing, runny nose, sore throat, headache, muscle aches, diarrhea AND should check temperatures for everyone entering the building. Over 38C is considered a fever, and the person should not enter. • Screen staff to ensure that they are not working at another facility that is on work restrictions due to COVID19 or another outbreak. • Develop processes and procedures to ensure that all people entering the home are screened and visits are logged. • These procedures are to apply seven days a week 24 hours a day. 			<p>Ministry of Health COVID-19 Guidance: Long-Term Care Homes</p> <p>Ministry of Health COVID-19 Screening Checklist</p>
<p>All staff should be screened a second time daily, including temperature check. This may be done on site at end of shift, or if thermometer covers are in short supply staff may be directed to check temperatures at home as part of their regular self-</p>			<p>CMOH Directive #3 to LTCHs March 30, 2020</p>

monitoring.			
Staff who are symptomatic should be directed to get COVID19 testing at an Assessment Centre.			Toronto Assessment Centres Peel testing sites Lakeridge Health Mackenzie Health Markham Stouffville Hospital Southlake Regional Health Centre
Staff are aware to contact DOC or designate if they fail screening			
Essential Visitors	R	C	Resources and Notes
<p>Only essential visitors should be permitted to enter. Essential visitors include:</p> <ul style="list-style-type: none"> Visitors who are visiting very ill or palliative residents; these visitors must only visit the one resident and no other residents Essential external health or maintenance providers arranged by the Home eg EMS, phlebotomy, plumber, food delivery. They must be screened at entry (apart from EMS) and use appropriate PPE if within 2m of residents. 			<p>Ministry of Health COVID-19 Guidance: Long-Term Care Homes</p> <p>CMOH Directive #3 to LTCHs and RHs, March 30, 2020</p>
<p>Staff must support the essential visitor in appropriate use of PPE.</p> <ul style="list-style-type: none"> Demonstration of putting on and taking off PPE safely, as needed Hand hygiene 			<p>PHO - Routine Practices and Additional Precautions</p>
Surveillance	R	C	Resources and Notes
<p>Residents are monitored twice daily for any new onset of fever, cough, difficulty breathing, sore throat, runny nose, fatigue, headache, muscle aches, diarrhea.</p> <ul style="list-style-type: none"> A central record of monitoring is kept <p>Notify TPH if a resident becomes symptomatic and is put on a line list. Symptomatic residents should be placed immediately in droplet and contact precautions, and an NP swab sent for respiratory virus testing (COVID19 testing will be automatically done by the lab). Even mild symptoms should trigger line-listing, precautions, and COVID19 testing.</p>			<p>Ministry of Health COVID-19 Screening Checklist</p> <p>PHO – Routine Practices and Additional Precautions</p>

Any suspected or confirmed COVID-19 illness in staff is reported to TPH.			
Resident admission and screening	R	C	Resources and Notes
<p>New residents are screened for respiratory symptoms or fever as above and potential exposures to COVID-19 on admission.</p> <p>NP swabs for COVID19 testing:</p> <ul style="list-style-type: none"> - for admission from community, within 14 days of admission. - for admission/repatriation from another healthcare setting, should have a negative COVID19 result prior to transfer <p>All new admissions should be monitored carefully in room isolation for 14 days regardless of test results.</p> <p>All residents with respiratory symptoms/fever should be cared for in droplet and contact precautions. They should have a repeat NP done for respiratory virus testing (COVID19 testing will be added automatically by the lab).</p>			<p>Ministry of Health COVID-19 Screening Checklist</p> <p>PHO – Routine Practices and Additional Precautions</p> <p>Respiratory Outbreak Test Requisition Form</p> <p>CMOH Directive #3 to LTCH, March 30, 2020</p> <p>COVID19 Provincial Testing Guidance update April 8, 2020</p>
Additional Precautions for all Homes	R	C	Resources and Notes
Residents with any acute respiratory illness or fever are immediately put on Droplet and Contact Precautions. All residents who develop respiratory symptoms or fever should have an NP swab done for respiratory virus testing (the lab will test for COVID19 automatically).			<p>PHO – Routine Practices and Additional Precautions</p> <p>PHO – Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19</p>
Residents with suspected or confirmed COVID-19 require Contact and Droplet Precautions for routine care including nasopharyngeal and oropharyngeal swabs			<p>PHO - PPE videos</p>
In addition to Contact and Droplet Precautions, Airborne Precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19.			<p>guidelines on universal and extended mask use in LTCHs</p>
If supplies permit, all staff in resident care areas should wear a surgical mask continuously (extended use) at work - see Toronto Region universal mask use in LTCH guidance. Staff who work only in non-resident care areas do not need to wear a mask.			

<p>Ensure physical distancing of staff during work as much as possible (e.g. at nursing stations) and on breaks.</p>			
<p>Consider arranging IPAC audits to strengthen hand hygiene, proper use of PPE, other routine infection control precautions.</p>			
<p>Facilitate physical distancing for residents</p> <ul style="list-style-type: none"> • All group activities suspended (unless small groups where <u>strict distancing of at least 2m</u> can be maintained – see below) • Support residents to maintain at least 2m distance from each other as much as possible. Space chairs in any lounge areas at least 2m apart. 			
<p>If there are no suspect or confirmed COVID19 cases in the Home, group dining can continue, but use multiple meal sittings to reduce the number of people in the room at one time, spacing tables out at least 3m apart, seating residents at least 2m from each other. If multiple floors/units must share a dining room, each meal sitting should be for a single floor/unit at a time. The dining room should be cleaned between groups, especially high-touch surfaces.</p>			
<p>Implement alternative ways to entertain residents. Ideas might include smaller group activities that do not involve close contact—for example, taking a few residents out to a facility garden where they can be kept more than 2 metres apart, or conducting hallway fitness classes where residents can remain in the entryway to their rooms. Identify games or arts and crafts that residents can work on independently.</p>			
<p>Encourage family and friends to keep in touch by video-call or phone. Facilitate resident access to laptops/tablets for this if possible. Shared electronic devices should be cleaned between each resident.</p> <p>Care packages can be a good way to keep in touch if the facility permits, but should NOT include home-made food items (only pre-packaged). Family/friends should be instructed to wash hands well before preparing care packages, and to postpone sending items if they are unwell.</p>			<p><u>IPAC Canada - Practice Recommendations: Infection Prevention and Control Related to Electronic (IT) Devices in Healthcare Settings</u></p>
<p>Residents may not leave the home for short-stay absences to visit family and friends.</p>			<p>CMOH Directive #3 to LTCH March 30, 2020</p>

Review goals of care for all residents, to ensure plan of care is clear if a resident becomes severely ill with COVID19.			
Consider a letter from the Medical Director to all families about COVID19 and the potential implications for residents.			
Facilitate attending physicians to provide virtual care to minimize exposure between multiple facilities <ul style="list-style-type: none"> accessing EMR remotely doing rounds via OTN (or another video call program if necessary) with the help of on-site nursing staff to take a laptop or tablet to "see" patients. in situations where an in-person physician assessment is essential, the physician should use droplet/contact PPE regardless of the presenting issue, and limit their visit to the specific patient/resident only. 			<u>PHO - guidelines for family of a resident at home</u>
Personal Protective Equipment and Hand Hygiene	R	C	Resources and Notes
Review hand hygiene and proper use of PPE with all staff.			<u>PHO - PPE videos</u>
PPE is available at the point of care for residents on additional precautions. A no-touch trash receptacle and ABHR are available immediately outside the room.			<u>PHO - Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19</u>
PPE for Droplet and Contract Precautions includes a gown, gloves, surgical mask and eye protection.			
PPE for Droplet, Contact, and Airborne Precautions includes a gown, gloves, fit-tested seal checked N95 mask and eye protection.			
PPE may frighten residents, particularly those who are cognitively impaired. Staff should introduce themselves at the resident's doorway prior to donning PPE and notify the resident that they will be entering the room with their face covered.			
Supplies and Resources	R	C	Resources and Notes
ABHR should be available for use at the point of care.			

ABHR should be available in any other resident care areas and common areas.			
Occupational Health	R	C	Resources and Notes
LTCHs should instruct all staff, students and volunteers to self-monitor for COVID-19 at home as well as potential exposure risks that require self-monitoring or self-isolation.			Ministry of Health COVID-19 Guidance: Long-Term Care Homes Fact sheets on self-monitoring and self-isolation
Staff demonstrate understanding re: when they are able to work and when they are not able to work.			
Staff can state what to do if they return from travel outside Canada, or have been exposed to someone who has been tested for COVID-19 <ul style="list-style-type: none"> • Contact the facility's occupational health service, designate • Contact Toronto Public Health 			
Signs are posted at staff entrances and in the staff break room reminding staff to monitor themselves for illness and stay home when they are sick, as well as physical distancing.			PHO – How to Self-Monitor
Work with employees and other facilities to reduce the number of different work locations where employees work, if possible. This will help to minimize the risk of exposure across multiple sites.			CMOH Directive #3 for LTCH, March 30, 2020
Education	R	C	Resources and Notes
Just in Time Training should be completed by staff and documented.			Ontario Ministry of Health Guidance for Health Sector PHO - Coronavirus Disease 2019 (COVID-19) PHAC - Coronavirus disease (COVID-19)
Cleaning and Disinfection (in addition to usual outbreak recommendation)	R	C	Resources and Notes
At this point, there is no requirement to change the use of cleaning products and hospital grade disinfectants that are normally used for environmental cleaning in LTCHs, even if there is a COVID19 case or exposure in the facility.			

Increase cleaning, especially of high-touch surfaces, including elevator buttons, hand rails, door handles, etc – at least twice daily. Follow the enhanced cleaning directions from the Guidelines for Control of Respiratory Infections in LTCHs.			Guidelines for Control of Respiratory Outbreaks in LTCHs
Equipment that cannot be dedicated to single resident must be cleaned and disinfected between residents.			PIDAC - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition
Electronic Equipment: All touch surfaces of IT devices used at, or near, point-of-care must be cleaned and disinfected with a low-level disinfectant (per manufacturer’s instructions) if used or touched during the encounter with the resident, within 2 metres of a symptomatic resident; or when leaving the resident room.			PIDAC - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition IPAC Canada - Practice Recommendations: Infection Prevention and Control Related to Electronic (IT) Devices in Healthcare Settings
Clean and disinfect trolleys to move food to and from the dining room dispensaries after each use, and any other large equipment that cannot be dedicated to a single floor/unit.			
Laundry: No Special Precautions are recommended even for suspect/confirmed COVID19 cases. Routine practices are sufficient; review with staff.			
Waste Management: No special precautions are recommended even for suspect/confirmed COVID19 cases. Routine practices are sufficient; review with staff.			PHAC - Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings
Social Support Considerations	R	C	Resources and Notes
Offer staff EAP support			
Provide ongoing COVID-19 Updates to keep staff and residents informed			

Part 2: if there is a confirmed resident or staff case

If a confirmed case	IP	C	Resources and Notes
<p>Immediate actions when a case has been confirmed:</p> <ul style="list-style-type: none"> • All residents on the affected unit must be in room isolation including tray service for meals, and managed in droplet/contact precautions, whether they are symptomatic or not. • Review resident surveillance throughout the facility and ensure any with symptoms/fever are in isolation and droplet-contact PPE for direct care • All staff on the unit with a COVID19 case should wear a surgical mask throughout their shift as an added precaution, even when not providing direct residents care. See direction on extended mask use below. • Staff on the unit with the case must be cohorted to that unit. • Ensure staff screening is in place for all shifts (including temp checks) • Ensure enhanced environmental cleaning in place • Implement “regular” respiratory outbreak precautions on all other floors/units, following the TPH <u>Standard Respiratory Outbreak Control Measures</u> checklist 			<p>Use the TPH Immediate Outbreak Notification Form and contact the TPH LTCH team at 416-338-7492 (7 days a week, from 8:00 a.m. to 4:00 p.m.). Afterhours please call 311 or 416-392 – CITY (2489).</p> <p><u>Guidelines for Control of Respiratory Outbreaks in LTCHs</u></p>
<p>All resident with respiratory symptoms / fever should have an NP done to test for COVID19 – ensure the outbreak number is on the requisition. There is no limit on the number of NP swabs which can be submitted for COVID19 testing once a case of COVID19 has been identified in the facility.</p>			<p>CMOH Directive #3 to LTCHs, March 30, 2020</p>
<p>Clients on tray service: single use, disposable trays are preferable. If this is not possible, clean and disinfect trays after use.</p>			
<p>Strategies to consider for conserving surgical masks if supplies are short: extended mask use for units/floors</p>			<p><u>guidelines on universal and extended mask use in LTCHs</u></p>

<p>in COVID precautions (confirmed cases)</p> <ul style="list-style-type: none"> • Masks can be worn for extended periods. To reduce the chance of self-contamination, it is best to minimize taking them off and re-using again later. This means leaving the mask on all the time on the unit/floor, even when not actively providing direct resident care. • Masks should NEVER be shared between users. • Masks do not need to be changed between each resident (if you have been using additional PPE to provide direct care, change these between residents). • take care not to touch the mask while you are wearing it. If you touch or adjust your mask you must immediately perform hand hygiene • leave the resident room / care area first if you need to remove the mask. 			<p><u>PHO - PPE videos</u></p> <p><u>PHO infographic - donning and doffing PPE</u></p>
<p>Staff who worked on the same unit as the case during the infectious period (from 48 hours before onset of symptoms to the end of last shift worked / to the time a resident case was put in isolation and droplet/contact precautions) – must be on work-home isolation. They should still come to work so long as they are well, but must be in home isolation otherwise. They must wear a surgical mask all the time at work (plus additional PPE when needed for resident care).</p>			<p><u>quick guide for HCW COVID19 clearance</u></p> <p><u>Public Health Ontario work isolation fact sheet</u></p>
<p>All staff at the Home must not work at other healthcare facilities during the isolation period, in order to prevent further spread of COVID-19 to other high-risk settings and patients/residents.</p>			
<p>Communication with families and staff</p> <ul style="list-style-type: none"> • Draft text you can include on a letter/email to families is available from your TPH liaison • Draft text you can include on a letter/email to all staff is available from your TPH liaison. 			
<p>Admissions and repatriation to areas of the LTCH which are NOT in COVID19-outbreak are allowed, with informed consent and agreement.</p>			<p>CMOH Directive #3 to LTCH, March 30, 2020</p>

<p>New admissions to COVID outbreak units/floors are not permitted. Repatriation of residents from the COVID19 outbreak unit/floors is allowed only if they transferred to hospital after the period of infectiousness (exposure date) began; they must return to the same unit and be placed in room isolation and droplet-contact precautions like all residents on the outbreak unit. A repeat swab for COVID19 is NOT required before repatriation of the resident to the outbreak unit, if the outbreak is still ongoing.</p>			
<p>Review list of staff who called in sick in the previous 7 days. Work with your TPH liaison to ensure any who are still symptomatic get COVID19 testing.</p>			
<p>Priorities for outbreak COVID19 testing in the LTCH (ensure the outbreak number is on the requisition):</p> <ol style="list-style-type: none"> 1. line-listed residents, then 2. asymptomatic residents on the outbreak unit, then 3. asymptomatic staff and essential visitors on the outbreak unit (symptomatic staff/visitors should not be in the LTCH – direct them to an Assessment Centre for testing) 			<p>COVID19 Provincial Testing Guidance update April 8, 2020</p>
<p>COVID19 positive staff who never had symptoms should continue to work, using a surgical mask all the time at work and reinforcement of hand hygiene. They must be in work-home isolation and wear a surgical mask all the time while at work until they have 2 repeat negative swabs or reach 14 days from the positive test result.</p> <p>If critical for operations, symptomatic COVID19 staff can return to work 24 hours after symptom resolution. They must be in work-home isolation and wear a surgical mask all the time while at work until they have 2 repeat negative swabs or reach 14 days after onset of symptoms.</p>			<p>Public Health Management of Cases and Contacts of COVID-19 in Ontario, v6</p> <p><u>HCW quick reference COVID19 clearance</u></p>