GUIDELINE: ESTABLISHING 14-DAY ADMISSION ISOLATION COHORTS IN LTC

RATIONALE

In accordance with direction from the Medical Health Officer, new residents in Long-term care (LTC) (from community or acute care) must complete 14 days of isolation prior to integrating with the rest of the LTC population.

Some LTC sites with shared rooms are operating below capacity because new residents must be in a private room for the period of isolation. This slows down the admission rate, increasing the amount of time some ALC-LTC residents spend waiting in acute care or community.

Ambulant residents with a diagnosis of dementia face challenges with isolation requirements, which in many cases has led to issues of compliance with self-isolation. To address this issue, sites have provided one-to-one staffing for these residents during their self-isolation.

OVERVIEW OF 14-DAY ISOLATION UNITS

14-day isolation cohort units will support a defined geographic area (e.g. a South Island Cohort will support LTC homes from Duncan south). Cohorts may be established in owned and operated or affiliate sites. The LTC Program collaborates with the Operator in establishing the cohort.

The unit will be run as a true cohort. Once the full cohort has been admitted, no new admissions will be accepted.

The following apply to residents:

- They will isolate as a group, or "bubble".
- They may socialize with each other, but may not interact in any way with other residents in the LTC home.
- Once the isolation period has been completed, residents will transfer to their preferred or interim bed.

The following apply to staff working on the isolation unit:

- They will follow guidance as outlined in Staff Screening & Testing.
- As long as all cohorted residents are asymptomatic, staff are not restricted from working on other units.
    - If residents become persons under investigation (PUI), site leadership will consult with ICP to determine staff cohorting.
- They will follow the same infection prevention requirements as for 14-day isolation following direct admissions to LTC facilities, including strict hand hygiene, and PPE usage (See PPE during Pandemic).

PROCESS, ROLES, AND RESPONSIBILITIES

Key applicable Guidelines, Protocols, and Policies (not meant to be an exhaustive list; additional policies are posted here)

- Long-term Care Access Clinical Guideline

- COVID-19 Response Protocol: Long-term Care Facility
- Social Visiting: Long-term Care Facility (specifically section 4.0)
- Essential Visiting
- PPE During COVID-19 Pandemic: Long-term Care
- Long-term Care Staff Screening & Testing

Target Population

- Ambulant residents with diagnosis of dementia who face challenges complying with isolation requirements
- Residents whose profile make them appropriate for shared rooms

Isolation / Cohort Cycle

Residents will move in over the course of approximately three days (depending on size of unit; 3-4 admissions per day) until a full cohort is in place. The cohort will then complete 14 days isolation. Residents will transfer to their preferred/interim bed over the course of up to three days. One day is required to clean the unit and prepare for the next cohort. A full cohort cycle will take approximately 21 days.

Admissions

Residents will have an accepted LTC bed in place. Residents are not expected to be more/less acute than those going into LTC through other processes. It is expected that there will be increased intensity around admission time, creating additional demand on staff and physicians.

The Access Team is responsible for identifying the cohort, obtaining their consent, and communicating with residents about the process for moving in and out of the cohort site. The Access Team is also responsible for communicating with internal/external stakeholders regarding the purpose of the unit(s).

Medical model

The LTC Medical Director, LTC Program, and Operator will collaborate in ascertaining physician/NP support for the cohort unit.

Staffing Model

Additional staffing (above 3.36 DCH) may be considered. The LTC Program will work with the Operator to ensure appropriate staffing levels.

Record Keeping / Care Planning

Existing processes for admission and care planning are to be followed. Residents admitted into a Licensed site need all required documentation in place. The recommendation is to have a template with all required sections; in the short-term care plan there may sections that are brief or abbreviated (e.g. – Recreation – "hobbies unknown, encourage to participate in variety of activities")

RAIs do not need to be completed.

Sites should outline if/how a resident could get a personal TV in their room.