

Admissions and Returns to Long-Term Care Homes During COVID-19

Background

LTC is at high risk for spread of COVID-19 and related severe outcomes for residents. LTC homes under the direction of the Medical Health Officer have taken significant measures to minimize risk for exposure by restricting both staff and visitors. This risk of exposure for LTC must be balanced with the need for timely discharge from acute care and support of urgent cases in the community to ensure optimal patient flow. This Guideline outlines procedures for the isolation of all admission or transfer of patients to reduce likelihood of introducing COVID-19 into an unaffected LTC home.

Personal Protective Equipment (PPE) Requirements for Isolation of Admissions

- Medical-grade Mask
- Gloves
- Face Shield/Visor or Goggles

***Gowns only if indicated by per point of care risk assessment*

Admission / Re-Admission Requirements

1. All patients entering LTC must be placed in a single room for 14 days' isolation with screening as outlined in [COVID-19 Response Protocol: Long-term Care Facility](#). This includes:
 - a. New admissions from acute care and clients from community
 - b. Residents of a LTC home choosing to leave the site for non-essential health or other visits (e.g. non-compliance)
 - c. Residents of a LTC home returning after an inpatient admission (including for COVID-19)
 - d. Individuals returning from Temporary Leave from LTC
 - e. Individuals receiving respite
 - f. Emergency Room visits > 24 hours in duration

NB: Inter-facility transfers (LTC to LTC home) do not require isolation unless they go on to develop signs or symptoms of COVID-19 or have known exposure, they would then placed under droplet and contact precautions.

2. Patients with COVID-19 **will not be** admitted / readmitted to LTC until symptoms have resolved and they no longer require isolation. Consultation with the MHO or Infection Control must occur.
3. Patients with known exposure to COVID-19 will not be transferred to LTC until after the 14-day period has lapsed, the patient has remained asymptomatic, and is cleared by IPC & MHO.

4. Symptomatic patients with one negative COVID-19 tests & an alternative diagnosis are admitted as in (1) above.
5. **Acute Care:** Where possible, patients in acute care destined for LTC should be placed in a single room and the number of care providers be reduced in the period prior to LTC transfer. **LTC residents accessing acute care for outpatient or ED care** should wear a medical-grade mask if tolerated for the duration of their visit.
6. Ambulatory residents with a diagnosis of dementia present a high risk of virus spread due to their mobility, reduced insight and awareness of precautions. Receiving LTC facilities are pre-approved to assign 1:1 staffing as required to maintain isolation specified in (1) above.
7. Exceptions to the above recommendations due to critical need for inpatient beds should be reviewed with the Medical Health Officer. If admission is approved the LTC facility must be contacted in advance so the receiving LTC facility can implement precautions.
8. Clinical symptoms of COVID-19 may be **mild or severe**. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf
9. Residents (as defined in #1) placed under preventative isolation precautions will be allowed to access communal bathing rooms/spas, provided :
 - The resident is without signs or symptoms of COVID-19 (i.e. negative screen as per screening symptoms & section A & B in *COVID-19 LTC Response Protocol* **AND** normal temperature)
 - The appointment for bath is booked at the end of the day/list
 - The resident wears a medical-grade mask and is supported with hand hygiene in transport from their room to and from the bathing spa
 - The health care workers supporting the bath are adhering to strict hand hygiene and wearing full droplet and contact precautions PPE
 - A daily routine clean with curtain change should be done of the bath spa after completion of the bath. It is expected care teams will work with housekeeping to ensure extraneous items are removed and only items needed for the resident being bathed are kept in the room.

**The above bathing requirements are not applicable to those residents who have private showers/baths in their rooms*

Summary of Isolation Requirements by Admission Type

**Given the complexity of admissions and to ensure health and safety of all residents and staff in receiving LTC site, transfers should be planned and occur during business hours (M-F; before 16:30)*

Admission	Conditions	Admit?	Isolation Duration	Precautions
Hospital and Community – New	No COVID-19 symptoms or exposure	Yes	14 days	Strict Hand Hygiene, Medical-grade mask, eye protection and gloves
Other LTC Home –	Facility is COVID-19 free and resident has no symptoms	Yes	None	Strict Hand Hygiene, Medical-grade mask
Community - returning from Temporary Leave	If bed is available and facility is COVID-19 free	Yes	14 days	Strict Hand Hygiene, Medical-grade mask, eye protection and gloves
Hospital – LTC resident after acute stay	No COVID-19 symptoms or exposure	Yes	14 days	Strict Hand Hygiene Medical-grade mask, eye protection and gloves
Hospital or clinic – after outpatient visit *Essential Visits	No COVID-19 symptoms or exposure	Yes	none	Strict Hand Hygiene, Medical-grade Mask
Non-Essential health visits or other visits	No COVID-19 symptoms or exposure	Yes	14 days	Strict Hand Hygiene, Medical-grade mask, eye protection and gloves
Any location – COVID-19 case	Has COVID-19 symptoms	No – remains in place	n/a	n/a
Any location – recovered COVID-19 case	Medically Cleared & Isolation removed by IPC/MHO AND Appropriate Non-test based Strategy based on severity of disease	Yes	14 days	Medical-grade mask, eye protection and gloves; Strict Hand Hygiene
Any location – COVID-19 exposure	Known COVID-19 exposure	No – remains in place x 14 days	n/a (not admitted to LTC)	n/a (not admitted to LTC)
Any location – other respiratory illness	Symptomatic with one negative COVID-19 test and alternative diagnosis	Yes	14 days	Strict Hand Hygiene Medical-grade mask, eye protection, gloves and gown
Any Location - Person Under Investigation with unknown exposure	Person is Under Investigation for COVID-19 and exposure may be unknown	Consultation must occur with MHO by physician/NP re: clinical suspicion of COVID-19 & appropriateness of LTC admission	If admission approved by MHO, 14 days unless alternative diagnosis or directed otherwise by MHO	Droplet & Contact Precautions (Strict Hand Hygiene Medical-grade mask, eye protection, gloves and gown)

LTC Home Process for Admitting with Isolation Requirements

- 1) Each care home identifies and vacates required number of single spaces to be used for isolation of admissions x 14 days
- 2) Care homes with all single accommodation are not required to hold a separate room for admissions; new residents will be admitted to and isolated in their actual bed. Homes with primarily single and a small numbers of shared rooms will need to make internal moves when a shared bed is vacant to ensure a single is available for admission.
- 3) Suitable room(s) for isolating admissions are as follows:
 - a. Single room
 - b. Shared room with other beds in room vacant and blocked to admissions
 - c. Respite beds currently not in use
 - d. EOL/palliative and family visiting rooms
 - e. Private bathroom required (waived for fully bedbound patients)
- 4) Facility reflects identified isolation rooms in PathWays as follows:
 - a. Shared rooms - place all vacant beds in that room as Internal – On Delay
 - b. Single LTC rooms - place that room as Internal – On Delay
 - c. Palliative, Respite or family rooms – do not reflect in PathWays
 - d. LTC Access can assist with this as needed.
- 5) When a vacancy arises, enter the actual vacant bed in PathWays (not the identified isolation room). LTC Access will match the new resident to the actual vacancy. Accept and admit resident in PathWays as usual, reflecting that they have occupied the actual vacancy.
- 6) Admit the resident to the identified isolation room for the 14 day period (PathWays will show that they are already occupying their actual bed elsewhere in the building).
- 7) Once 14 days isolation is complete, resident is moved to the actual vacancy within the home, freeing up the isolation room.
- 8) Clear messaging will be required for new residents and families regarding the need to move from single to shared accommodation at the end of the isolation period, where applicable