

# 14 Day Isolation in Acute Care in Preparation for Repatriation to Assisted Living or Long-Term Care

<p><b>Site:</b></p> <ul style="list-style-type: none"><li>All acute care inpatient settings</li></ul>	<p><b>Scope:</b></p> <ul style="list-style-type: none"><li>To be utilized for current assisted living (AL) or long-term care (LTC) residents returning to their facility following an acute care stay where the facility is unable to isolate the resident in their own room or alternate location</li><li>This will NOT apply to patients in hospital awaiting new admission to AL or AL/LTC (AAP patients)</li></ul>
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## Purpose

- To provide clear instructions for clinical care teams regarding the process to safely isolate a patient from potential risk of acquiring COVID-19 while in acute care, during the incubation period immediately prior to returning to AL/LTC.

## Background

- AL/LTC is a high risk for COVID-19 spread, with the residents being extremely vulnerable to the virus and its outcomes. It is important to ensure all patients entering AL/LTC are a low risk of transmission.
- For this reason the LTC Access Clinical Guideline – Admissions and Returns to LTC Homes During COVID-19 requires all residents to be isolated on additional precautions (the wearing of additional PPE by staff, and restriction of activities) for 14 days after admission or return from leaving facility.
- The initiation of these precautions is to reduce the risk of potential of transmission of COVID-19 to other residents.
- By implementing strict isolation precautions in the acute care setting for 14 days prior to transfer the risk of infection and transmission in the AL/LTC setting will reduce.

## Procedure

- Most Responsible Clinician makes contact with AL/LTC facility to determine ability to isolate AL/LTC resident in their own facility.
- Involve LTC leadership (Catrin Brodie) when facility states unable to complete isolation protocol upon discharge and confirm LTC services are unable to resolve issue. For AL support, contact relevant CHS leadership.

Owner: Infection Prevention and Control

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3. Once the decision has been made that isolation is not possible in the LTC facility on or around planned discharge, the clinical team will implement the following actions in acute care for 14 days:
  - Place patient in a single room on full droplet/contact precautions
  - Use of appropriate signage at the door
  - If single room unavailable, block second bed in a 2 bed room (it is essential for the protocol to work that there is no contact with other patients)
  - Excellent hand hygiene according to the four moment for hand hygiene, and strict adherence to PPE guidelines
  - No ability to come out of room – except for essential medical procedures (including allied health, i.e. physio, occupational therapy, etc.)
    - If need to come out of room (medical appointment or physio), must wear a gown and mask
    - Implement one to one staffing, if necessary, to maintain isolation in room
    - Provide items that can entertain patient and reduce stress of isolation
    - No non-essential reasons for leaving the room – if this occurs, the plan should be re-evaluated with IPAC
  - Designate patient care equipment where possible (BP cuff, stethoscope, etc.)
    - Ensure shared patient care equipment (bladder scanner, overhead lifts, etc.) are clean and disinfected prior to bringing into the room
- Essential visitors approved in according to visitor policy
- Document plan and progress in patient care record
- Communicate with LTC facility on the above plan and discharge date
- If the above precautions are not upheld for the entire isolation period, the plan would be reassessed with IPAC and the MHO.

## Related Island Health Standards

- AL/LTC Access Clinical Guideline – Admissions and Returns to AL/LTC Homes During COVID-19

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