

COVID-19 Toolkit

For IPAC Site Visits in Long-Term Care Homes
& Retirement Homes

July 20, 2020

COVID-19 Toolkit for Long-Term Care and Retirement Homes

Wellington-Dufferin-Guelph Public Health (WDGPH) has put together this toolkit to provide Long-Term Care Homes (LTC) and Retirement Homes (RH) with resources to help prevent and manage COVID-19. Please use the following Table of Contents to navigate through the toolkit.

In addition, please visit the [COVID-19 information section for LTC and RH](#) on our website for the latest Ministry Guidance, Directives and additional resources for LTC and RH.

WDGPH is also conducting facility assessments as a proactive approach to preventing COVID-19 outbreaks in congregate settings.

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AT A GLANCE

Infection Prevention and Control Fundamentals

April 23, 2020

Who should use this document?

The following best practices resources are meant to serve as an introduction to prepare newly introduced health care professionals with the fundamentals of infection prevention and control (IPAC), and can also be used by health care professionals of all levels to build on existing IPAC knowledge.

The videos and other learning materials can be used by any staff working in the long-term care and retirement homes.

Training resources

Modules	Description
IPAC Core Competencies	<p>This course will help learners improve their IPAC knowledge with the goal to help decrease the risk of transmission of infection in health care. This resource is available in English and French. There are 10 modules, each 10 to 15 minutes long.</p> <p>Participants must register for a PHO account to access the modules and will receive a certificate once complete.</p>
Hand Hygiene E-Learning Tool	<p>Infection Prevention and Control Canada and Discovery Campus offer an online hand hygiene education module for healthcare workers and volunteers. This module incorporates hand hygiene videos from Public Health Ontario (PHO). Please allow yourself 15 minutes to complete the training session.</p> <p>Participants must register for the e-learning tool and will receive a certificate once complete.</p>

Videos	Description
Public Health Ontario YouTube	<p>These instructional videos will provide step-by-step demonstrations for hand hygiene practices and how to properly put on and take off personal protective equipment. Once on the PHO YouTube channel, navigate to playlists. Recommended playlists to search for include:</p> <ul style="list-style-type: none"> • Hand Hygiene – IPAC • Full Personal Protective Equipment (PPE) • PPE – Gown and Gloves (PPE) • PPE – Facial Protection – IPAC • PPE – Respirators - IPAC

Learning Materials	Description
Your 4 Moments for Hand Hygiene	<p>An information pamphlet that explains the appropriate use of the 4 moments for hand hygiene.</p>
Hand Hygiene for Health Care Settings	<p>A hand hygiene fact sheet based on the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Hand Hygiene in All Health Care Settings, 4th edition.</p>
Protecting Your Hands	<p>A fact sheet to help assess and identify skin problems on your hands.</p>
How to Hand Wash	<p>An instructional poster on how to properly wash hands.</p>
How to Hand Rub	<p>An instructional poster on how to properly use hand sanitizer.</p>

Additional resources

For further information and resources, please visit:

- [Ministry of Health – Guidance for the Health Sector](#)
- [Public Health Ontario - IPAC](#)
- [Public Health Ontario – Hand Hygiene](#)

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Public Health Ontario

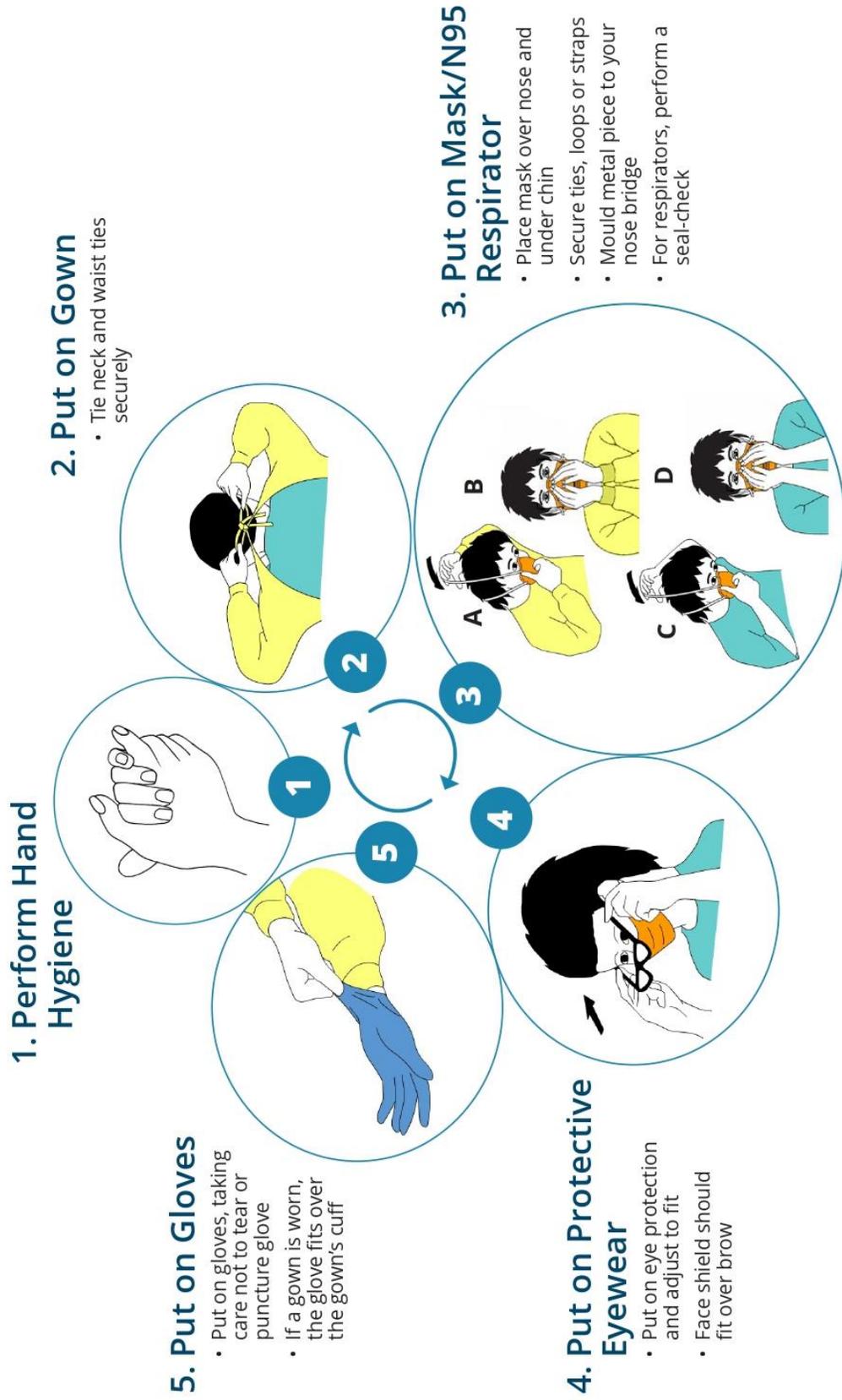
Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.



Personal Protective Equipment (PPE) Recommended Steps

Recommended Steps: Putting On Personal Protective Equipment (PPE)



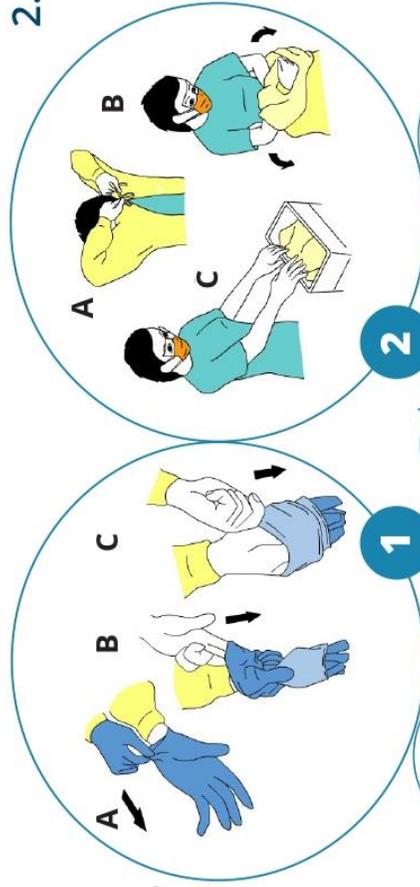
For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

Recommended Steps:

Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle

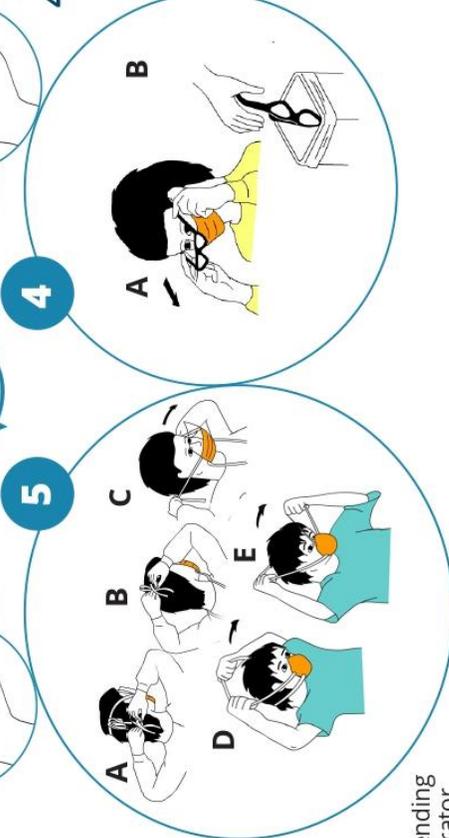


6. Perform Hand Hygiene



5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



This is an excerpt from Routine Practices and Additional Precautions in All Health Care Settings (Appendix L) and was reformatted for ease of use.

Putting on PPE Poster



How to Put On Personal Protective Equipment

1	PERFORM HAND HYGIENE	
2	PUT ON GOWN	
3	PUT ON MASK OR N95 RESPIRATOR	
4	PUT ON EYE PROTECTION	
5	PUT ON GLOVES	

For more information, visit publichealthontario.ca



Removing PPE Poster

How to Remove Personal Protective Equipment

1	REMOVE GLOVES	
2	REMOVE GOWN	
3	PERFORM HAND HYGIENE	
4	REMOVE EYE PROTECTION	
5	REMOVE MASK OR N95 RESPIRATOR	
6	PERFORM HAND HYGIENE	

For more information, visit publichealthontario.ca

How to Wear a Surgical Mask

Staff and visitors must wear a mask at all times



WASH YOUR HANDS BEFORE WEARING A MASK

OR USE ALCOHOL-BASED HAND RUB WITH 70-90% ALCOHOL CONCENTRATION



ENSURE THE COLOURED SIDE OF THE MASK FACES OUTWARDS

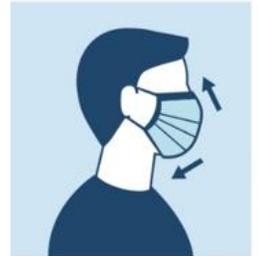


LOCATE THE METAL BAND AND PLACE IT ON THE NOSE BRIDGE



SECURE THE ELASTIC LOOPS OVER YOUR EARS

IF USING A MASK WITH TIES, SECURE OVER CROWN OF HEAD FIRST, THEN NEAR NAPE OF NECK



COVER MOUTH, NOSE AND CHIN FULLY, MAKING SURE THERE ARE NO GAPS



PRESS THE METAL BAND TO FIT THE SHAPE OF THE NOSE



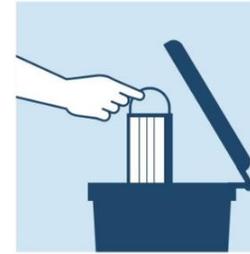
WASH YOUR HANDS BEFORE REMOVING MASK

OR USE ALCOHOL-BASED HAND RUB WITH 70-90% ALCOHOL CONCENTRATION



REMOVE THE MASK FROM BEHIND BY ONLY HOLDING THE EAR LOOPS

IF USING A MASK WITH TIES, REMOVE THE BOTTOM TIE FIRST, THEN THE TOP TIE



DISPOSE THE MASK IN THE GARBAGE

IF BEING REUSED, STORE IN A PAPER BAG



WASH YOUR HANDS

OR USE ALCOHOL-BASED HAND RUB WITH 70-90% ALCOHOL CONCENTRATION



SURGICAL MASK PLACED CORRECTLY

DO NOT PULL MASK UNDER YOUR CHIN OR ON TO YOUR NECK; DO NOT HANG MASK FROM YOUR EAR



DO NOT TOUCH THE MASK WHILE WEARING IT, IF YOU DO WASH YOUR HANDS



REPLACE THE MASK IF IT GETS DAMP AND DO NOT REUSE IT

For universal masking and conservation of PPE:

REPLACE MASK IF IT GETS VISIBLY SOILED, WET, DAMAGED, DIFFICULT TO BREATHE THROUGH, MADE CONTACT WITH A RESIDENT, OR WAS USED WITH A RESIDENT (OR A COHORT OF RESIDENTS) ON CONTACT/DROPLET PRECAUTIONS

To protect yourself, please practice physical distancing and wear additional PPE when indicated

Tips for Removing a Surgical Mask During Breaks

✓ Do:

- Remove mask before eating, drinking, or smoking. If you plan to discard your mask, clean your hands, remove the mask using proper technique, discard it, and clean hands again.



- If you plan to reuse your mask, clean your hands, remove the mask using proper technique, place it in a clean paper bag with your name, and clean hands again.



- Before returning to work, clean your hands, put mask on using proper technique, discard paper bag if used, and clean your hands.



✗ Don't:

- Don't hang your mask from one ear.



- Don't pull your mask under your chin or onto your neck.



- Don't touch your mask while it is on your face. If you do touch your mask, wash your hands.



When not wearing a mask, you must keep 2 metre distance from others

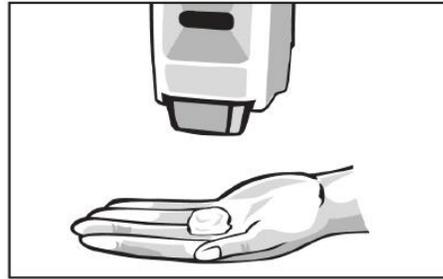
Note: Hands can be cleaned using soap and water or alcohol-based hand rub (if hands are not visibly dirty).

Handwashing with soap and water

Wash your hands to prevent cross-contamination



1. Wet hands



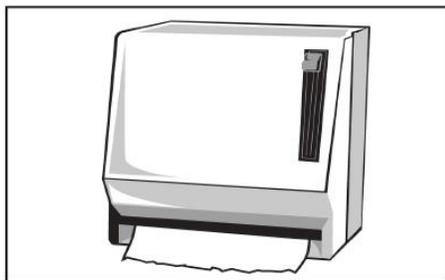
2. Soap



3. Lather



4. Rinse



5. Towel dry



6. Turn taps off with towel

Adapted with the permission of York Region Community and Health Services

Social Distancing Poster

SOCIAL DISTANCING GUIDELINES AT WORK

-  **1** **Avoid in-person meetings. Use online conferencing, email or the phone when possible, even when people are in the same building.**
-  **2** **Unavoidable in-person meetings should be short, in a large meeting room where people can sit at least three feet from each other; avoid shaking hands.**
-  **3** **Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.**
-  **4** **Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize. Keep six feet apart when possible.**
-  **5** **Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).**
-  **6** **Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.**
-  **7** **Limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely.**

Coronavirus Disease 2019 (COVID-19)

Universal Mask Use in Health Care

Universal masking has been instituted in long-term care facilities in Ontario. Surgical/procedure masks (herein referred to as masks) can function as source control (being worn to protect others) or as personal protective equipment (to protect the wearer). When wearing a mask to protect others, the wearer should still practice physical distancing to protect themselves.

Universal masking versus personal protective equipment (PPE)

- Universal masking means wearing a mask at all times.
- Masks used as part of universal masking are **used to protect others from the wearer**.
- Personal protective equipment, commonly referred to as "PPE", is equipment and clothing (including but not limited to masks) worn to minimize exposure to hazards and prevent illnesses and infection to the worker. **It is used to help protect the wearer from others.**

Guiding principles of universal masking with extended use

- Masks are worn to protect others from potential infectious secretions of the wearer.
- Persons wearing a mask must also ensure physical distancing of at least two metres (six feet) to prevent exposing themselves to droplets from others.
- Masks are to be discarded if visibly soiled, damp, damaged or difficult to breathe through.
- After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.



Guiding principles of masks as part of PPE

- To be worn along with eye protection when within two metres (six feet) of someone who is suspected or confirmed to have COVID-19.
- To be used with gloves and a gown if touching someone, or in the environment of someone on Droplet and Contact Precautions.
- When using masks as PPE for Droplet/Contact precautions, all PPE, including masks, are to be discarded after leaving the patient's/resident's environment.



Extended use and re-use of masks for universal masking

- Under extreme supply limitations, a single mask may be worn for an extended period (e.g., donned at the beginning of the shift, and continued to be worn) as long as it is not visibly soiled, damp, damaged or difficult to breathe through. Masks are to be discarded at the end of the shift/day.
- The mask is to be donned when entering the facility/home and removed when eating or leaving the facility/home at the end of the shift/day.
- Ideally, masks are to be discarded once removed, but if supplies are limited, these may be re-used as long as they are not visibly soiled, contaminated, wet or otherwise damaged.
- If a mask is to be re-used, keep it from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid.
- Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual's name to prevent accidental misuse.
- Always remember to wash your hands before putting on your mask, after touching your mask, and after discarding your mask.

Always remember

- **Wearing a mask only is not PPE. Masks alone do not protect all of the mucous membranes of the face of the wearer (i.e. the eyes).**
- **Hand hygiene is to be performed before putting on and after removing or otherwise handling masks.**
- **Do not store masks in your pocket or other area (e.g. table) where they can become damaged or contaminated. Damage can impact the mask's effectiveness.**
- **Change your mask when it is wet or soiled.**
- **Change your mask when it is hard to breathe through.**
- **Change your mask when it becomes contaminated (e.g. if someone coughs on you).**

The information in this document is current as of April 22, 2020

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Ontario 

COVID-19 Outbreak Checklist

For Long-Term Care (LTC) and Retirement Homes (RH)

STEP 1 – COVID-19 Outbreak Assessment and Outbreak Status in a LTC/RH

- Outbreak assessment required once at least one resident or staff has presented with new symptoms compatible with COVID-19.

Institute Outbreak Control measures:

- Place the symptomatic resident under contact/droplet precautions.
- Test the symptomatic resident (if still in the facility) for COVID-19 immediately.
- Contact Public Health to notify them of the suspected outbreak.
- Immediately test those residents and staff who were in close contact (i.e. shared room) with the symptomatic resident and anyone else deemed high risk by Public Health.
 - Staff cannot return to work until results known/symptoms resolved. 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.
- In collaboration with Public Health, review the Ministry of Health COVID-19 Outbreak Guidance for Long-Term Care Homes and prepare for cohorting practices to limit the potential spread of COVID-19.
- Enforce enhanced screening measures among residents and staff

Please call Public Health at 1-800-265-7293 ext.4752 during regular business hours. After hours, weekends, and holidays call 1-877-884-8653 to notify them of the suspect outbreak.

When you call, have the following information:

- Number of residents in the LTC/RH
- Number of ill residents in the LTC/RH
- Number of units in the LTC/RH
- Number of units with symptomatic residents
- Number of floors in the LTC/RH
- Number of floors with symptomatic residents
- Is there a floor plan available?
- Date of symptom onset for each resident
- Clinical signs and symptoms for each resident
- Start date of isolation for each resident
- Number of hospitalized cases
- Number of resident deaths
- Number of staff in the LTC/RH, including casual workers
- Number of ill staff in the LTC/RH
- Date of symptom onset for each staff member
- Clinical signs and symptoms for each staff member
- Start date of isolation/last day worked for each staff member
- Hospitalized staff
- Staff deaths
- Location in the facility where staff worked (unit and floor if applicable)

STEP 2 – Start a Line Listing

- Complete WDGPH's *COVID-19 Outbreak Line Listing and Daily Line Listing Summary* fax cover sheet. Fax to Public Health at **1-855-934-5463**.
- Each affected area/unit must complete a separate line listing for all residents with symptoms.

- All residents will be monitored until directed otherwise by Public Health.
- Complete a separate line listing for staff with symptoms.
- All staff will be monitored until directed otherwise by Public Health.
- Updated line lists for residents and staff must be faxed daily by noon to Public Health for the duration of the outbreak.

Note: One laboratory confirmed case of COVID-19 in a resident or staff member of a LTC/RH constitutes an outbreak. Outbreaks should be declared in collaboration between the facility and Public Health to ensure an institutional outbreak number is assigned. It may not be necessary to declare an outbreak if only asymptomatic staff and/or residents with positive results are found as part of the enhanced surveillance testing initiative for all residents and staff. **This should only be assessed and decided in consultation with Public Health**

STEP 3 - Specimen Collection

After an outbreak is established, testing should be conducted on:

- All symptomatic residents (including deceased residents) and staff using a low threshold for testing e.g. even one compatible symptom.
- Public Health may also, based on a risk assessment, determine if any additional testing is required.
- Residents and staff who initially test negative may need to be re-tested if they develop symptoms.
- Check expiry dates on NP swab and transport medium (advise Public Health if swabs are expired).
- Include 2 unique identifiers (resident's name, date of birth, OHCN) on transport medium and complete **all sections** of the COVID-19 Public Health Laboratory Requisition.

- Clearly indicate on the test requisition form whether testing is requested for COVID-19 ONLY, or COVID-19 AND the multiplex respiratory virus PCR (MRVP). Only four outbreak specimens can be tested by MRVP, thereafter specimens can be submitted for COVID-19 ONLY.
- For prioritization:
 - Ensure "Institution" is clearly marked in the "Patient Setting" section of PHO Laboratory Requisition.
 - Ensure "Healthcare Worker" and the outbreak number are documented on PHO Laboratory Requisition.
- Tightly secure cap on transport medium to prevent leakage during transport.
- Put specimens in biohazard bag, mark "for Public Health pick-up", and refrigerate.
- Public Health will arrange pick-up and transfer of swabs to laboratory.

STEP 4 –Case Definition

- Consult with Public Health for COVID-19 case definition.
- Review case definition throughout outbreak so all cases are captured.
- Any residents or staff who meet the case definition will be line-listed regardless of laboratory testing.

STEP 5 – Surveillance

- Public Health will be in contact daily.
- Report (daily) symptoms for residents and staff who are tested as part of the outbreak.
- Conduct twice daily (at the beginning and end of the day or shift) screening for exposures for COVID-19, symptoms and temperature checks of staff, essential visitors and anyone entering the facility.

- Anyone showing symptoms of COVID-19 should not be allowed to enter the facility and should immediately self-isolate. Staff should contact their immediate supervisor/manager or occupational health and safety representative. Staff responsible for occupational health at the facility must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
- Conduct twice daily (at the beginning and end of the day) symptom screening and temperature checks of residents to identify if any resident has fever, cough or other symptoms of COVID-19. For typical and atypical symptoms, please refer to the latest Ministry of Health update on guidance for testing.
- Add residents and/or staff that meet the case definition to the appropriate line list
- Call Public Health if:
 1. There is a sudden increase of residents with respiratory symptoms
 2. Any line listed residents are transferred to /returned from hospital.
 3. There are any deaths

STEP 6 – Implement Respiratory Control Measures

Hand Hygiene and Personal Protective Equipment (PPE):

- Strict adherence to hand hygiene with staff and residents must be followed.
- **All staff and essential visitors must always wear surgical/procedure mask for duration of shift or visit at all times (regardless of outbreak status).**
- When staff is 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.

- Follow COVID-19 Directive #5 to ensure appropriate Personal Protective Equipment.
- Post droplet/contact precaution signage at all entrances.

Isolation Requirements:

- A resident with suspected or confirmed COVID-19 or who is a high-risk contact of a confirmed COVID-19 case should be cared for in a single room, if possible, under droplet contact precautions with dedicated bathroom and equipment.
- If this is not possible, a separation of 2 meters must be maintained between the bed space of the affected resident and all roommates with privacy curtains drawn.
- If dedicated equipment is not possible, equipment must be thoroughly cleaned and disinfected (or sterilized if indicated) outside of room before it may be used on another resident.
- Isolated residents must receive meals in their rooms.
 - Discontinue all non-essential activities and gatherings.

Staff and Resident Cohorting:

- LTC/RHs must have a plan for staff and resident cohorting (to the best of their ability) as part of their approach to preparedness as well as to prevent the spread of COVID-19 once identified in the facility.
- Resident cohorting may include one or more of the following:
- Alternative accommodation in the facility to maintain physical distancing of 2 meters.
 - Resident cohorting by COVID-19 status.
 - Utilizing respite and palliative care beds and rooms or other rooms as appropriate
 - Staff cohorting may include:

- Designating staff to work in specific areas/units in the facility as part of preparedness.
- Designating staff to work only with specific cohorts of residents based on their COVID-19 status in the event of suspected or confirmed outbreaks:
 - With preference for exposed asymptomatic staff to care for COVID -19 positive patients/resident if possible
 - AND designate asymptomatic staff with no exposure to ill residents to caring for asymptomatic residents not exposed to a case.
- In smaller facilities or in facilities 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/contact precautions when in an area known to be affected by COVID-19.

- Policies and procedures regarding staffing in environmental services departments should allow for surge capacity (e.g. additional staff, supervision, supplies, equipment)

Admissions/Transfers:

- No new resident admissions or readmissions until outbreak is over (in the outbreak area or entire facility based on the outbreak declared), except in exceptional circumstances that are approved by Public Health.
- Short-stay absences to visit family and friends are not permitted. In exceptional circumstances, temporary short-stay in hospital could be considered to support outbreak management.
- If residents are taken by family out of facility, no readmission until outbreak is over.
- For residents that leave the facility for an out-patient visit, provide a mask to be worn while out of the facility and rescreen the resident on their return.
- Advise Provincial Transfer Authorization Centre (PTAC), EMS and hospital of the facility outbreak if a resident is transferred to hospital.

Environmental Cleaning:

- Refer to Provincial Infectious Diseases Advisory Committee (PIDAC) Best practices for environmental cleaning for prevention and control of infections.
- Increase environmental cleaning throughout facility.
- Additional environmental cleaning is recommended for frequently touched surfaces and objects (e.g., telephone, light switches, bed/handrails, tables, doorknobs, call bells, elevator buttons, edge of privacy curtains, washrooms) including trolleys and other equipment that move around the facility.
- Use an appropriate hospital-grade disinfectant and follow manufacturer's instructions to ensure contact time is met.
- Environmental service staff should wear the same PPE as other staff when cleaning and disinfecting the room.

Staffing:

- Staff that work at multiple facilities **must immediately stop** this practice.
- Staff to monitor themselves for COVID-19 symptoms at all times.
- Staff who have tested positive should **not** attend work. In exceptional circumstances when a staff member has been deemed critical, the individual who tested positive and whose symptoms have resolved for 72 hours or they remain asymptomatic for 72 hours after positive specimen collection date may return to work under work self-isolation in consultation with Public Health.

- **Asymptomatic Staff contacts with high risk exposure** to COVID-19 must self-isolate for 14 days and monitor for symptoms. In exceptional circumstances, staff may be deemed critical by all parties for continuity of operations in the facility, and continue their duties in 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.
 - Work self-isolation includes self-isolation measures outside of the workplace for 14 days from symptom onset OR 14 days from positive specimen collection date if consistently asymptomatic OR from date after beginning isolation following high-risk exposure to avoid transmitting to others.
 - While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing from others (> 2m apart) except when providing direct care, and ensure meticulous hand hygiene. The HCW on work self-isolation **must** not work in multiple locations.
- **Staff contacts with low-risk exposure** to COVID-19 should self-monitor for 14 days.

Visitors:

- During an outbreak, only essential visitors should be permitted to enter and must continue to be actively screened at entry (except first responders). Essential visitors include a person performing essential support services (e.g. food delivery, inspector, phlebotomy, maintenance, family or volunteers providing care services and other healthcare services required to maintain health) or a person visiting a resident who is very ill or requiring end-of-

life care. Family visits are not permitted when a home is in outbreak.

- Essential visitors must only visit the one resident they are intending to visit, and no other resident.
- Essential visitors must wear a mask while in the facility, including while visiting the resident that does not have COVID-19 in their room. When in contact with a resident who is suspected or confirmed with COVID-19, appropriate PPE should be worn in accordance with Directive #5 and Directive #1.

Food and product deliveries

- Should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the facility.

Communication:

- Staff, residents, and families must be informed about COVID-19 status including frequent and ongoing communication during outbreaks.
- Post signage at all entrances and affected areas indicating a COVID-19 outbreak is occurring. Signage in the LTC/RH 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 Public Health.
- Communicate to local hospital and other LTC/RH if they had any shared staff.
- Notify external service providers (e.g., chiropody, oxygen supply, CCAC/private duty nurses, physiotherapy, pharmacy, etc.) of the respiratory outbreak.
- Communicate with local hospital regarding outbreak, including number of residents in the facility, and number who may potentially be transferred to hospital if ill based on advanced care directives.

Discontinuing Control Measures:

- Discontinue respiratory outbreak control measures only when Public Health has declared the outbreak over.



VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES
LONG-TERM CARE



Wear mask and eye protection
within 2 metres of resident



Wear gloves
for direct care



Wear long-sleeved
gown for direct care



Resident must wear
a mask if they
leave the room



Dedicate equipment to resident or
disinfect before use with another



VISITORS GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES
LONG-TERM CARE



Wear mask and eye protection
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Dedicate equipment to resident or
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Public Health Ontario

PARTNERS FOR HEALTH

Santé publique Ontario

PARTENAIRES POUR LA SANTÉ

 **Ontario**
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

Coronavirus Disease 2019 (COVID-19)

Droplet and Contact Precautions Non-Acute Care Facilities

This document was adapted from the [Routine Practices Additional Precautions](#) for the management of COVID-19 for health care workers. For more information, please contact the Infection Prevention and Control department at Public Health Ontario at ipac@oahpp.ca.

Hand Hygiene



Hand hygiene is performed:

- Before and after each resident contact.
- Before performing invasive procedures.
- Before preparing, handling, serving or eating food.
- After care involving body fluids and before moving to another activity.
- Before putting on and after taking off gloves and other PPE.
- After personal body functions (e.g., blowing one's nose).
- Whenever hands come into contact with secretions, excretions, blood and body fluids.
- After contact with items in the resident's environment.
- Whenever there is doubt about the necessity for doing so.

Resident Placement



- Single room with own toileting facilities.
- Door may remain open.
- Perform hand hygiene on entering and leaving the room.

Environment and Equipment



- Dedicate routine equipment to the resident if possible (e.g., stethoscope, thermometer).
- Clean and disinfect all equipment before it is used for another resident.
- All high-touch surfaces in the resident's room must be cleaned twice daily.



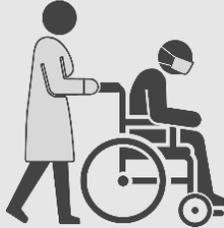
Personal Protective Equipment (PPE)

- Wear a mask and eye protection or face shield within 2 meters of the resident.
- Wear a long-sleeved gown for direct care* when skin or clothing may become contaminated.
- Wear gloves for direct care*.
- **Wearing gloves is NOT a substitute for hand hygiene**

On leaving the room or after performing direct care*:

- Remove gloves and gown and perform hand hygiene.
- Remove eye protection and mask and perform hand hygiene.

For more see: [Recommended Steps for Putting on and Taking off PPE.](#)



Resident Transport

- Avoid any unnecessary transport of resident outside of room.
- Resident to wear a mask during transport.
- Only if the resident cannot tolerate wearing a mask, transport staff should wear a mask and eye protection.
- Transport staff should consult with the facility IPAC designate for additional instructions.
- Clean and disinfect equipment used for transportation after use.



Visitors

- Visitors must perform hand hygiene before entry and on leaving the room.
- Visitors to wear a mask, eye protection, gloves and a long-sleeved gown when entering the room of a resident with COVID-19.
- Visitors to remove protective apparel upon leaving the room.

* **Direct Care:** Providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

Sources

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