

COVID-19 Toolkit

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

May 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 (LTCH) 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.

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](#)

Citation

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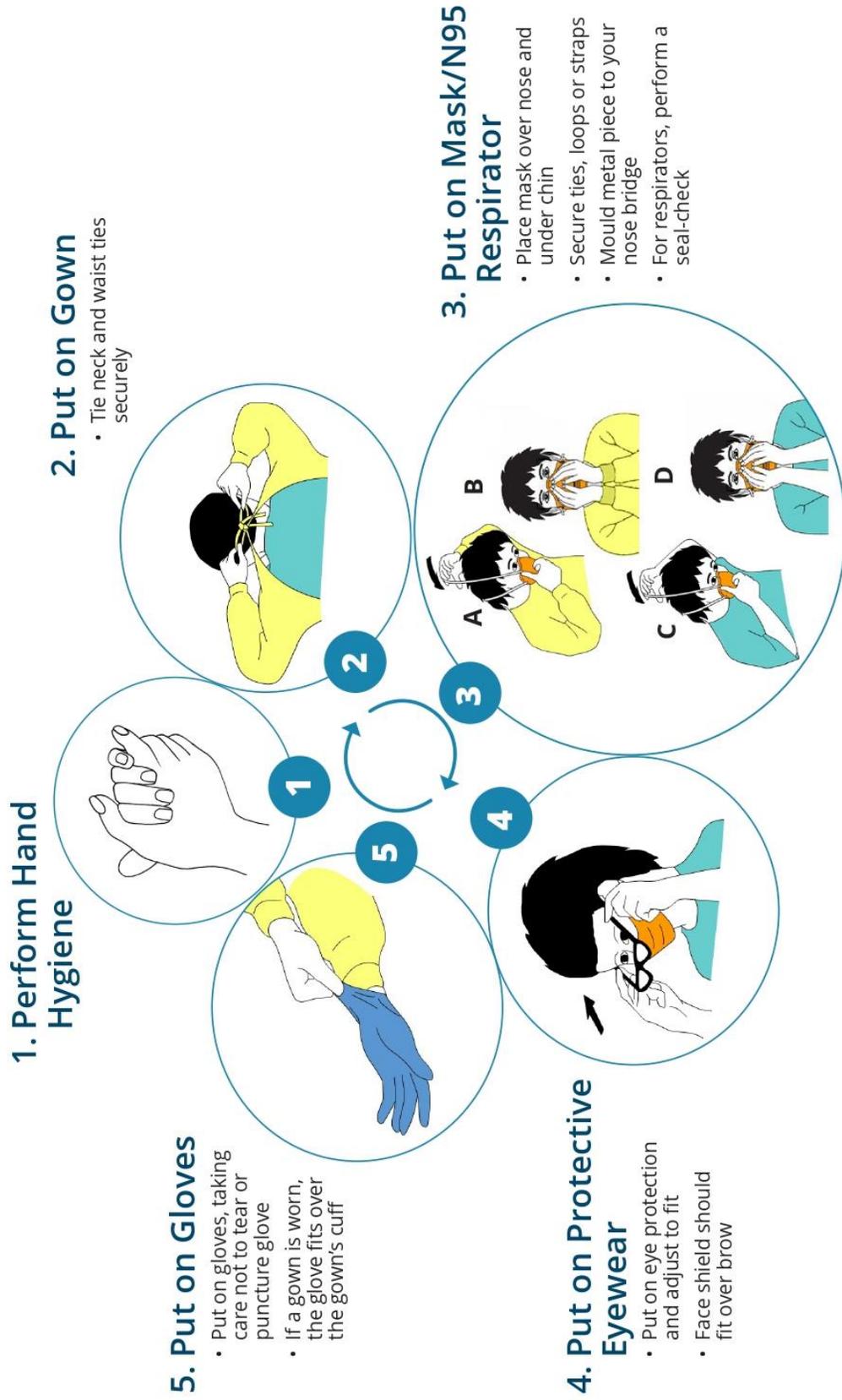
Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around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

For more information about PHO, visit publichealthontario.ca.



Personal Protective Equipment (PPE) Recommended Steps

Recommended Steps: Putting On Personal Protective Equipment (PPE)



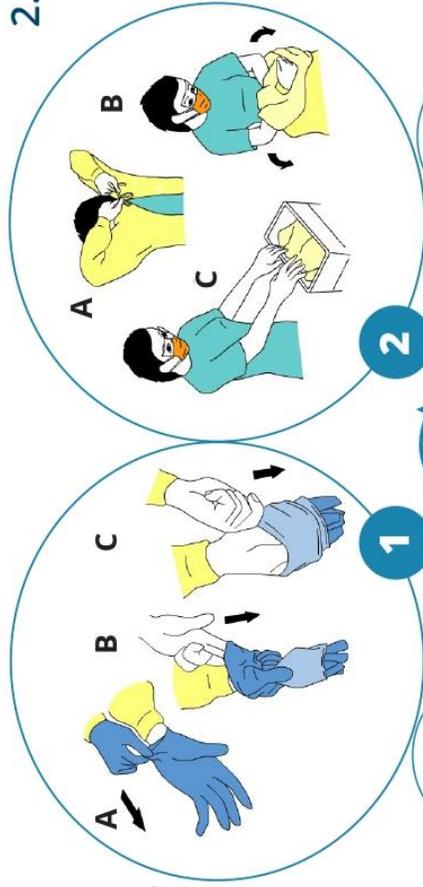
For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

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

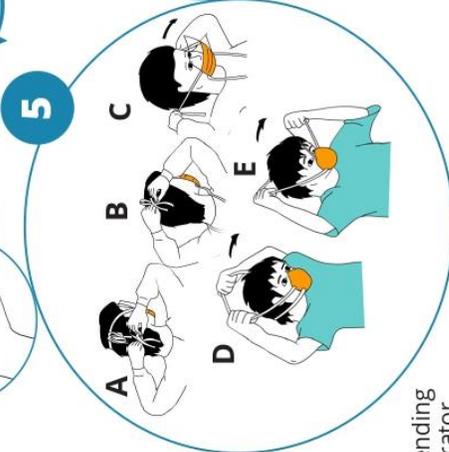


6. Perform Hand Hygiene



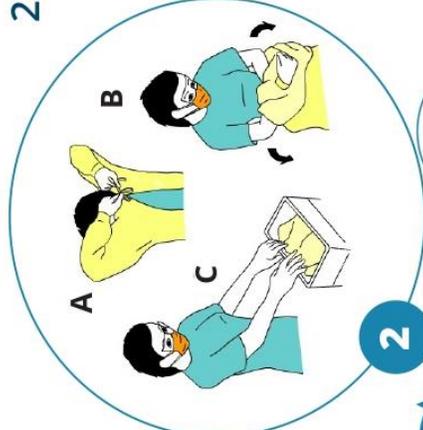
5. Remove Mask/ N95 Respirator

- 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.

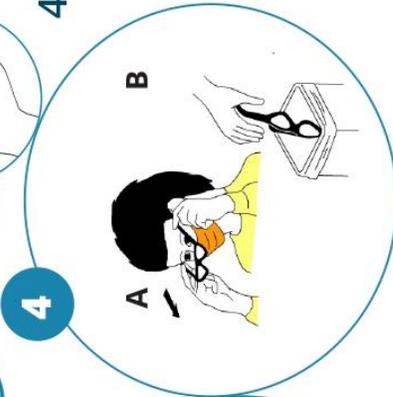


3. Perform Hand Hygiene



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	

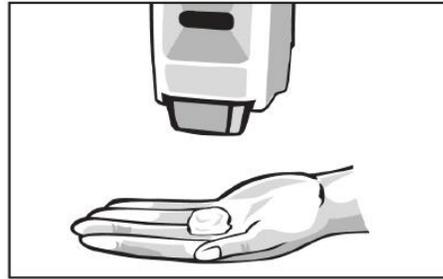
For more information, visit publichealthontario.ca

Handwashing with soap and water

Wash your hands to prevent cross-contamination



1. Wet hands



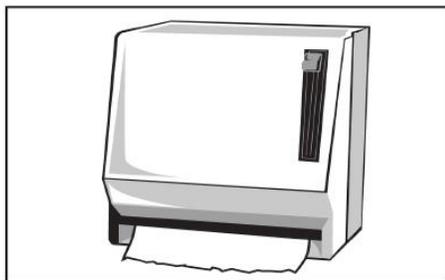
2. Soap



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 

Outbreak Checklist for LTC and Retirement Homes (WDGPH)

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 if one or more resident(s) or staff has presented with new symptoms compatible with COVID-19.

Institute Outbreak Control measures:

For an Ill Resident:

- Place the symptomatic resident under contact/droplet precautions in a single room if feasible.
- Test the symptomatic resident for COVID-19 immediately.
- Test the roommate(s) of the symptomatic resident.
- Contact the Public Health to notify them of the suspect outbreak.
- Discuss the need for further testing with Public Health.

For an Ill Staff/Essential Visitor:

- The staff/essential visitor should self-isolate immediately at home.
- Facilitate testing for COVID-19 for the staff/essential visitor at facility.

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 home 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 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 and without 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 LTCH/RH constitutes an outbreak. Outbreaks should be declared in collaboration between the home and Public Health to ensure an institutional outbreak number is assigned. It may not be necessary to declare an outbreak if a new admission or readmission tests positive if they have been in isolation under

droplet/contact precautions since entering the home.

STEP 3 - Specimen Collection

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

- 1. All symptomatic residents (including deceased residents) and staff using a low threshold for testing e.g. even one compatible symptom.
- 2. Contact Public Health to discuss asymptomatic groups that may be tested.
 - 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 should be tested by MRVP, thereafter specimens can be submitted for COVID 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 or "Institution" if an outbreak has yet to be declared
- Tightly secure cap on transport medium to prevent leakage during transport.
- Put specimens in paper 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.
 - In collaboration with Public Health, define the outbreak area (e.g. affected unit (s) vs. whole facility) and consider all residents in this area to be either infected or exposed and potentially incubating
 - Cohort or "group together" all residents in the outbreak area as much as possible, and staff should use Droplet and Contact Precautions for all resident interactions in the outbreak area

STEP 5 – Surveillance

- Public Health will be in contact daily.
- Report (daily) information about residents and staff who are tested as part of the outbreak.
- Conduct twice daily (at the beginning and end of the day) screening of residents, staff and essential visitors for known exposure to COVID-19, symptoms of fever, respiratory illness or other atypical symptoms of COVID-19, including temperature checks.
- 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 that 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).**

- All Staff should make every effort to maintain a minimum 2 metre distance between each other especially during lunch when they are not masked.
- Use full PPE (gloves, gown, mask, and eye protection) when providing direct care to isolated residents and all resident interactions in the outbreak area. Refer to proper techniques for putting on, removal, and conservation of PPE.
- Post droplet/contact precaution signage at all entrances.
- A fit-tested N95 respirator should be worn for all AGMPs (e.g. use of CPAP machines, open suctioning in patients with a tracheostomy)
- AGMPs should only be performed on a resident with suspected or confirmed COVID if:
 - Procedures performed in a single room with the door closed.
 - The fewest staff necessary to perform the procedure are present.
 - All persons in the room are wearing N95 respirator, gloves, gown, face or eye protection.

Isolation Requirements:

- A resident with suspected or confirmed COVID or who is a high-risk contact of a confirmed COVID case should be cared for in a single room, if possible, 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) before removal from the room and used on another resident.
- Roommates of symptomatic residents should not be moved to new shared rooms and instead be moved to a new single room for isolation and monitoring of symptoms or maintained in place if a 2-metre separation and privacy curtain can be implemented.

- Isolated residents must receive meals in their rooms.

Use resident cohorting to prevent virus spread:

- Alternative accommodation in the home to maintain physical distancing of 2 meters.
- Cohorting of symptomatic/asymptomatic residents.
- Use staff cohorting to prevent virus spread:
 - Designate staff to work with either symptomatic or asymptomatic residents, with preference for exposed asymptomatic staff to care for symptomatic residents and asymptomatic resident contacts of a case.
 - AND designate asymptomatic staff with no exposure to ill residents to caring for asymptomatic residents not exposed to a case.
- Discontinue all non-essential activities and gatherings.

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 home.
 - High touch surfaces and objects (e.g., telephone, light switches, bed/handrails, tables, doorknobs, call bells, elevator buttons, edge of privacy curtains, washrooms) should be cleaned and disinfected at a minimum of twice daily and when soiled.
 - Room cleaning and disinfection should be performed at least once a day on all low touch surfaces.
- All surfaces or items outside of the resident room that are touched or in contact with staff and that move around the home (e.g. computer carts and/or screens, medication carts) should be cleaned and disinfected at least once daily and when soiled.

- Use an appropriate hospital-grade disinfectant. Follow manufacturer's instructions for contact time.
- Environmental service staff should wear the same PPE as other staff when cleaning and disinfecting the room.

Admissions/Transfers:

- No new resident admissions or readmissions into the outbreak area until outbreak is over.
- No short-stay absences to visit family and friends are permitted. If residents are taken by family out of home, no readmission until outbreak is over.
- For residents that leave the home for an essential out-patient visit, provide a mask to be worn while out of the home 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.

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 and symptomatic should not attend work until they meet their institution's return to work guidance that is included in the most current COVID-19 Quick Reference Public Health Guidance on Testing and Clearance.
- **Staff contacts with high risk exposures** should be in self-isolation for 14 days post exposure. If required to work for continuity of operations in the home, must practice "work self-isolation" from others.
 - Work self-isolation refers to maintaining self-isolation measures outside of the workplace for 14 days from symptom onset or high-risk exposure AND during work wearing a mask at all times and full PPE if providing direct care to patients, performing hand hygiene, and

maintaining physical distancing (>2m).

- **Staff contacts with medium risk exposures** should self-monitor for 14 days.

Visitors:

- Only essential visitors should be permitted to enter and must continue to be actively screened into these settings (except first responders). Those who fail screening should not be permitted to enter. Essential visitors include a person performing essential support services (e.g. food delivery, phlebotomy maintenance and other healthcare services required to maintain health) or a person visiting a resident who is very ill or requiring end-of-life care.
- Visitors, if allowed would be required to only visit the one resident they are intending to visit. Staff must support essential visitors in hand hygiene and appropriate use of PPE.
- Visitors must wear a mask while visiting a resident that does not have COVID-19 and wear appropriate PPE if in contact with a resident with COVID-19.

Communication:

- Communicate outbreak status and control measures to staff, residents and families.
- Post signage at all entrances and affected areas indicating a COVID-19 outbreak is occurring.
- 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.

