POLICY IFC-59: COVID-19 Outbreak Management

Infection Control

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Triggering a COVID-19 Outbreak Assessment (Residents)

As soon as one Resident presents with new or worsening symptoms compatible with COVID-19, the home should immediately conduct an outbreak assessment, notify the Physician, Infection Control and take the following steps:

When a Resident is Symptomatic:

Nursing Department

1. All symptomatic Residents will be placed on Droplet/Contact Precautions as soon as possible after symptoms are identified. (See Droplet/Contact Precautions Policy for reference)
2. Place roommate and tablemates on droplet/contact precautions
3. All cases will be tested for COVID-19 and other respiratory viruses, and monitored once daily for symptoms
4. All symptomatic Residents with acute respiratory symptoms are eligible for testing of other respiratory viruses for prospective surveillance, using a multiplex respiratory virus PCR panel (MRVP) test.
5. Staff will initiate droplet/contact precautions with anyone being admitted or returning from a social absence/LOA with symptoms of a respiratory illness (failed ARI screening via the Symptom Surveillance Screening question in the EMAR system completed on all shifts)
6. Additional precautions will be initiated (i.e. PPE container outside of the resident's room with appropriate PPE, linen and garbage bag inside the resident's room, droplet/contact sign)
7. Residents who are asymptomatic and are roommates of Residents exhibiting symptoms require room isolation until COVID-19 is ruled out with a negative PCR result from the symptomatic roommate. Once COVID-19 is ruled out, the asymptomatic roommate no longer has to be isolated (See Management of COVID 19 Policy)
8. Initiate the droplet/contact checklist and document an Isolation Progress Note in Residents software system.

9. Obtain Sanuvox machine and place inside of resident's room to maintain/purify air quality.
10. Staff will notify the Medical Director and/or Nurse Practitioner for an evaluation, assessment, and diagnosis.
11. Notify Infection Prevention and Control.
12. Complete the shift surveillance form to submit to IPAC
13. A single room is preferred, however if this cannot be made possible symptomatic residents living in a basic room: Maintain a 2-metre spatial separation between Residents. Pull privacy curtains closed. Door to room may remain open.
14. All staff providing care or entering the room of a symptomatic resident are to wear Personal Protective Equipment.
15. Symptomatic Residents will be allowed to attend medically necessary appointments or activities and it is recommended they wear a mask (as tolerated for respiratory illnesses). Receiving facility should be notified of the potential outbreak so appropriate precautions can be taken for the Resident on arrival.
16. If a Resident must be transferred to another home for further medical evaluation, and the Patient Transfer Authorization Form done via internet–Staff must notify the transportation service and the hospital receiving the Residents status, prior to transfer.
17. If a Resident is to be sent to the hospital the home will notify the receiving hospital and ambulance that we are experiencing a Respiratory Outbreak so that precautionary measures can be taken on their end.
18. Notify Power of Attorney for Care to update them on the Resident's condition and diagnosis.
19. Staff should cohort in affected areas to minimize staff and Resident exposure.
20. The Registered staff will notify all the other departments of isolated Residents via DL-Norview e-mail. E-mail communication will also be completed when the Resident is removed from isolation.
21. Residents who are isolated will have all their nonessential appointments cancelled.
22. Isolated residents are able to have essential caregiver visits but are not to participate in any social or temporary leaves of absence.
23. To prevent social isolation, 1:1 activity will be offered.
24. Frequent hand hygiene when entering and leaving the units, before and after break times and throughout the home.
25. Hand hygiene to be done completed per the 4 Moments and hand washing when hands are visibly soiled.
26. All reusable equipment will be cleaned and disinfected after each use. Whenever possible, disposable equipment will be used and discarded of immediately upon exiting the room where care is delivered.
27. Dedicated equipment is preferred for the symptomatic Resident when able
28. Surfaces and equipment will be cleaned and disinfected (or discarded) by staff performing procedures in room before leaving the room and before removing personal protective equipment.
29. Initiate specimen collections of symptomatic Residents immediately. Obtain Naso-pharyngeal swabs on all ill Residents to verify the diagnosis; preferably within 48 hrs of onset of symptoms. Complete swabs as per naso-pharyngeal procedure.
30. Documentation in the Resident Chart will include but not limited to: onset time and symptoms, vital signs, lab investigation including specimens collected and sent to The Public Health Unit, isolation if applicable, Doctor or Nurse Practitioner visits and other assessments/observations, as applicable.

31. Roommates who are symptom free may leave their room when COVID-19 has been ruled out for their symptomatic roommate.
32. Gowns, gloves, mask and eyewear are to be worn by all staff (and visitors) for Residents who are symptomatic.
33. Linen is to be kept separate - place all soiled linen in red isolation bags
34. A mask, hand hygiene and respiratory etiquette instruction to be provided to the Resident. If the Resident is leaving their room and/ or is non-compliant with isolation then wear a mask and perform hand hygiene.
35. Resident cases may leave their room while on Droplet and Contact Precautions if they are able to perform hand hygiene and consistently wear a well-fitted medical mask at the discretion of IPAC and Public Health.

If the COVID-19 molecular test and MRVP test are negative:

The Resident may discontinue additional precautions if there has not been an exposure to COVID-19 and they are afebrile and symptoms are improving for at least 24 hours (48 hours for gastrointestinal symptoms). Continue to monitor the symptomatic Resident closely for worsening symptoms.

Case Management

Residents with COVID-19 Positive Results

Residents who test positive for COVID-19 should be assessed as soon as possible to determine if COVID-19 therapeutics are within their goals of care, and if so, to determine eligibility.

Residents who are identified as a confirmed or a probable COVID-19 case and **are unable to wear a mask**, should:

- Self-isolate on Additional Precautions for at least 10 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present.
- Residents are able to leave their room for walks in the immediate area with a staff person wearing appropriate PPE, to support overall physical and mental well-being.

Residents who are identified as a confirmed or a probable COVID-19 case **and are able to independently and consistently wear a mask**, should:

- Self-isolate on Additional Precautions for at least 10 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable).
- Residents may leave their room to participate in activities and join others in communal areas provided they meet the following criteria:
    - It has been a minimum of 5 days from symptom onset or positive test (whichever is earlier/applicable);
    - They are asymptomatic or their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present; and
    - They wear a well-fitted mask at all times outside of their room

- They do not join in communal activities where they would need to remove their mask within the setting (e.g., group dining)
- They continue to follow additional precautions for 10 days after their symptom onset or positive test.

Roommate/Tablemate Close Contacts of COVID-19 Positive Cases

- Roommate/tablemate close contacts should be placed on Additional Precautions
- Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days (based on 5 days from when the case became symptomatic or tested positive)
- After day 5, if the Resident remains asymptomatic and is removed from isolation, it is recommended that the Resident wear a mask while outside of their room until the 7th day from last exposure.

Individuals requiring self-isolation must be placed in a single room if possible and placed on additional precautions. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in self-isolation on additional precautions. If a resident is not in a private room, the use of curtains for separation between beds are pulled.

Asymptomatic Residents living in the same room as the case should be placed on additional precautions immediately (along with the infected resident, when break of contact is not possible) under the direction of the local PHU (see Contact Management below).

Residents on additional precautions should:

- Stay in their room during their self-isolation period but may be allowed outdoors or in the hallway (e.g., walking, with one-on-one supervision) while wearing a well-fitted medical mask, if tolerated, and minimizing any interaction with others.
- Be encouraged to wear a well-fitted mask, if tolerated, when receiving direct care in their room.

<u>Contact Management</u>

Close Contact Definition:

A close contact is defined as an individual who has a high-risk exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result.

Close contacts would include a roommate as well as other resident contacts who, following a risk assessment, are deemed to have had significant exposures to the case (for example, contacts who have spent significant time together in close proximity without masking during the case's period of communicability. This may include dining table mates).

All roommate and tablemates will be placed on Additional Precautions. Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days of isolation (based on 5 days from when the case became symptomatic or tested positive if asymptomatic). Roommate close contacts should then wear a well-fitting mask, if tolerated, when receiving care and outside of their room, and physically distance from others when outside of their room until day 7 from last exposure to the case.

Ideally, roommate close contacts are placed in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g., curtains) to create separation between the case and the roommate will be implemented.

The following risk reduction measures will be considered for any other asymptomatic non-roommate/tablemate of a Resident case with potential exposure to reduce the risk of transmission to other residents, while balancing the resident's mental and social well-being. This would include Residents who attended the same program together but are not identified as having close contact within two meters over 15 minutes to a positive Resident.

- Monitoring twice daily for symptoms (enhanced monitoring)
- Strongly encouraging the resident to wear a well-fitting mask, if tolerated, and physically distance from others when outside of their room for 7 days following their last exposure to the individual with COVID-19. - This may include avoiding attending group dining and group activities that involve unexposed residents where masking and physical distancing cannot be maintained by the close contact.
- Encouraging the resident to wear a well-fitted mask, if tolerated, when receiving care.

The local PHU has the discretion to recommend COVID-19 molecular testing of asymptomatic resident close contacts.

This may be considered when:

- There is a rapid increase in cases among residents; and/or
- The outbreak is not responding to usual IPAC measures; and
- The use of asymptomatic testing of close contacts is considered to have higher overall benefit (the identification of asymptomatic positive cases leading to reduced transmission, potentially reducing the duration and extent of the outbreak) than risk (harms associated with the isolation of asymptomatic residents).
- Should this be recommended, testing is advised to occur no sooner than 24 hours following exposure, and, if negative, testing may be repeated 48 hours after the first negative test (i.e., on Day 3 following exposure). Isolation is not required while awaiting test results. Rather, the close contact should be strongly encouraged to follow the risk reduction measures outlined above.
- Due to challenges in interpreting the result, testing is not recommended for asymptomatic residents who have recovered from COVID-19 in the last 90 days.
- If a close contact develops symptoms, promptly isolate under Additional Precautions and test for COVID-19 and other respiratory pathogens (i.e., MRVP or FLUVID).
- An asymptomatic contact who tests positive for COVID-19 should also be promptly isolated under Additional Precautions and managed as per Case Management.

Staff and/or Visitor Experiencing Symptoms Compatible with COVID-19

Staff:

Staff who fail the screening process are to stay home and report to the Supervisor of Infection Prevention and Control and/or their department Supervisor to discuss next steps re: testing/work restrictions.

Staff who are asymptomatic and have a high-risk household contact of someone who is COVID-19 positive should notify their department Supervisor or the Supervisor of Infection Prevention and Control and follow additional instructions for 10 days from last exposure:

- Active screening for symptoms ahead of each shift where possible
- Individuals should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e., not eating meals/drinking in shared space such as a lunch room)
- Ensure well-fitting source control masking for the staff to reduce the risk of transmission.

Staff who receive a positive COVID-19 test result while they are at the LTCH (or while at home) should leave the facility immediately and are directed to self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present.

COVID-19 positive staff may now routinely return to work once they no longer have a fever and their symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms.

Upon return to work, staff should follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test, whichever is earlier/applicable by adhering to the following:

- Ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator)
- Not removing their mask unless eating or drinking, distancing from others as much as possible
- Avoid caring for Residents at highest risk of severe COVID-19 infection, where possible.

Visitor

Outbreak Access:

Visitors to the home will enter and exit via the main entrance and passively screen using the signage in the vestibule and perform hand hygiene prior to entry.

Visitors who fail passive screening should not enter the home when ill and should leave the home immediately and self isolate at their own home and follow Public Health guidance. (See below - when a visitor tests positive for COVID-19)

All persons entering the home must sign into the visitor logbook located at the front entrance. The visitor log can be used for contact tracing and is retained for 30 days.

When outbreak signage has been posted at the front reception desk, all visitors are encouraged to speak with reception prior to visiting their loved one.

Additional PPE (mask, eyewear, gown) is required for Caregivers, Support Workers and Essential Visitors when the Resident is on Additional Precautions or resides in the home or an area of the home in an outbreak.

The Caregiver, Support Worker and Essential Visitors will follow proper procedure for Donning and Doffing as instructional signage is located outside of each Resident's door.

Caregivers should be educated by the staff on the potential risk of exposure when visiting a symptomatic Resident and must wear PPE (mask, gown, gloves, appropriate eye protection) and perform hand hygiene with ABHR before donning and doffing PPE.

General visitors should postpone non-essential visits to Resident's who are symptomatic and/or self-isolating or when the home is in outbreak.

When a Visitor tests positive for COVID-19

Visitors who test positive for COVID-19 and/or have symptoms compatible with COVID-19 should self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever is present.

Visitors should notify the home of their recent illness/positive test.

Visitors for a total of 10 days after the date of specimen collection or symptom onset, (whichever is earlier/applicable), should avoid non-essential visits to anyone who is immunocompromised or at a higher risk of illness and avoid non-essential visits to highest -risk settings (such as hospitals and long-term care homes)

Additional IPAC Measures during an "Outbreak Assessment"

- Co-horting of staff to the RHA that is experiencing an outbreak assessment.
- Enhance screening/monitor of symptoms for Residents and staff.
- Staff will follow the Droplet/Contact Precautions for COVID-19 Compatible Symptoms Checklist for IPAC controls/measures.
- Increased cleaning and disinfection practices twice a day of symptomatic Residents

<u>Outbreak Case Definition</u>

A Confirmed Outbreak in the home is defined as:

- Two or more residents/patients who are epidemiologically linked (e.g., within a specified area/unit/floor/ward), both with positive results from a polymerase chain reaction (PCR) test OR rapid molecular test OR rapid antigen test within a 7-day period where both cases have reasonably acquired their infection in the setting.

A Suspect Outbreak in the home is defined as:

- One positive PCR OR rapid molecular test OR rapid antigen test in a Resident who has reasonably acquired their infection within the home.

Declaring the outbreak over

- In consultation with the outbreak management team and the local public health unit, the outbreak may be declared over when no new cases, which were reasonably acquired in the setting, have occurred for 7 days, and there is no evidence of ongoing transmission.

Role of Public Health in Outbreaks

- Only the local public health unit can declare an outbreak and declare when it is over.
- The IPAC Lead and/or delegate will follow the direction of the public health unit in the event of a suspect or confirmed COVID-19 outbreak.
- The IPAC Lead and/or delegate will follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission.
- The local public health unit is responsible for managing the outbreak response.
- Local public health units have the authority and discretion as set out in the Health Protection and Promotion Act to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.

An epidemiological link is defined as:

Reasonable evidence of transmission between Residents/staff/other visitors AND there is a risk of transmission of COVID-19 to Residents within the home.

Use of Rapid/PCR tests

All positive molecular tests or RAT results in residents, staff, or visitors associated with a suspect or confirmed outbreak in the home must be reported to the PHU and Outbreak Management Team.

Negative RAT results should not be used independently to rule out COVID-19 in an outbreak situation due to its limited sensitivity and the increased pre-test probability of COVID-19.

If a RAT is used for a staff or resident with symptoms or high-risk exposure (e.g., in extraordinary circumstances when access to timely PCR testing is not available), molecular testing should also be performed in parallel.

Positive Staff Member Close Contact

A close contact is defined as:

Positive Staff who provided direct care for a Resident and had close physical contact.

- Less than 2 metres from the Resident for more than 15 minutes without PPE
- Or provided care for multiple short periods of time without measures such as masking, distancing.

The RHA (or identified Residents) will be placed on enhanced monitoring for 10 days after last exposure to the staff member

Asymptomatic Residents do not need to be self-isolated/placed on additional precautions. Please see the Instructions for Cases and Close Contacts Associated with LTCH's Chart below.

- In limited circumstances, the local PHU has the discretion to recommend COVID-19 molecular testing of asymptomatic Resident contacts who have had significant exposures to the case.
- If a close contact develops symptoms, promptly isolate under additional precautions and test for COVID-19 using molecular testing.

COVID-19 Outbreak Management

The local PHU will direct testing and public health management of all those impacted (staff, residents, and visitors) using a risk-based approach. It is important to consider both the risk to residents and the potential harm of resident isolation and testing when implementing public health measures.

Required Steps in an Outbreak: When local Public Health declares a Confirmed outbreak in the home, the following measures must be taken:

1. Outbreak Management Team (OMT) is activated.
2. Defining the outbreak area of the home and cohorting based on COVID-19 status (ie. Infected or exposed and potentially incubating)
3. Assessing risk of exposure to residents/staff based on cases' interactions
4. Initiating Additional Precautions for all symptomatic residents and those with suspect or confirmed COVID-19. Post appropriate signage outside the resident's room
5. Facilitate assessment of IPAC and outbreak control measures, as needed
6. Intermingling of ALL Residents will be placed on hold for a total of 5 days. Different cohorts are not to be mixed, and residents from different cohorts should not visit one another
7. Residents should be kept within their co-hort and not visit any other Resident home area during this time period (5 days).
8. The outbreak home area will remain co-horted to their unit for the duration of the outbreak. Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units.
9. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume.
10. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing.
    - Staff should remain in a single cohort per shift, wherever possible. If staff must work with more than one cohort during a single shift, it is recommended that staff work with unexposed residents first
    - At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be

greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
    - At the discretion of the home after day 5, in consultation with the PHU, resumption of day programming may occur for non-exposed Residents during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.
    - The home will conduct enhanced symptom assessment (minimum twice daily) of all residents in the outbreak area to facilitate early identification and management of ill residents.
    - The home will conduct weekly IPAC audits for the duration of the outbreak. The results of these audits should be reviewed by the OMT
    - Increased cleaning and disinfection practices (e.g., at least two times a day and when visibly dirty for high touch surfaces)
    - General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak
    - Caregivers, support workers, or individuals visiting a resident receiving end of life care, are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the PPE recommendations
11. For admissions or transfers, refer to Admissions and Transfers policy and procedure.
12. When a Resident who is self-isolating on additional precautions is required to leave the home for a medical absence, the home will notify the health care facility so that care can be provided to the resident with the appropriate additional precautions in place.
13. Residents who are in isolation on additional precautions may not participate in essential, social or temporary absences. The home shall seek the advice of the local public health unit if self-isolation must be broken for these reasons.
14. The COVID-19 outbreak form will be utilized for additional IPAC measures.

- The need for staff to follow additional precautions for all Resident interactions in the outbreak areas

The home will conduct an Outbreak Management Meeting to review the outbreak once it has been declared over by the local public health unit.

Specimen Collection and Testing for Outbreak Management

Testing/Retesting:

- All symptomatic residents and staff should be tested for COVID-19 and other respiratory pathogens as soon as symptoms present (within 48 hours)
- In general, it is recommended that outbreak testing be guided by clinical and epidemiological risk factors for the purposes of active case finding.
- Point prevalence testing may be done at the discretion of the PHU to guide assessment and management in the context of a new (sub)variant or an especially challenging/prolonged outbreak, however, if done, it is recommended that asymptomatic individuals not be required to remain in isolation pending test results.
- PH assigns the home an outbreak number.

Notify Public Health regarding visitors who were potentially exposed, check daily log book.

*To ensure homes in outbreak are prioritized, all requisitions will be submitted on green paper with outbreak number included.

Considerations for Management of Mixed Outbreaks in LTCHs

In the context of one or more residents testing positive for COVID-19 and one or more residents testing positive for influenza, a cautious approach is warranted. The following recommendations may be considered, at the discretion of the PHU:

- All additional symptomatic residents and staff may be considered for FLUVID testing (beyond the first 4 MRVP+). PHUs are to contact PHOL.
- Influenza antiviral prophylaxis should be initiated for all asymptomatic residents and residents who are COVID+/influenza negative until the influenza outbreak is declared over.
- For COVID-19 positive residents, both Tamiflu and Paxlovid can be given at the same time; however, given potential drug-drug interactions, the decision to initiate treatment is at the discretion of the treating physician

Diagnostic Testing for ARI/Mixed Outbreaks in LTCHs

- All symptomatic residents and staff should be tested for COVID-19 and other respiratory pathogens as soon as symptoms present.
- PHO's laboratory has expanded the eligibility for outbreak-related respiratory virus FLUVID (influenza A, influenza B, RSV, and SARS-CoV-2) PCR testing to all specimens from symptomatic residents and staff.
- In general, it is recommended that outbreak testing be guided by clinical and epidemiological risk factors for the purposes of active case finding. Point prevalence testing may be done at the discretion of the PHU to guide assessment and management in the context of a new (sub)variant or an especially challenging/prolonged outbreak, however, if done, it is recommended that asymptomatic individuals not be required to remain in isolation pending test results.
- PHUs are responsible for following usual outbreak notification steps to PHO's laboratory to coordinate/facilitate outbreak testing and ensuring an outbreak number is assigned. See PHO's Respiratory Outbreak Testing Prioritization protocol for details.

Reporting to the Public Health/Ministry of Health and Long-Term Care

- A suspect/confirmed COVID-19 outbreak immediately using the CIS during regular working hours or;
- Ministry of Health and Long-Term Care will be notified via on-call inspection after hours 1-888-999-6973 after hours and on weekends.

Additional Reporting

- Occupational Health and Safety.
- Ministry of Labour within 4 days.
- WSIB in 72 hours.
- Unions.
- Pharmacy

Declaring the Outbreak Over

In consultation with Public Health, the outbreak may be declared over when 7 days have passed after the last potential exposure to a resident case in the home.

Instructions for Cases and Close Contacts Associated with LTCH's Chart

	Self-Isolation Period	**Additional Instructions**
Resident Case- tests positive for COVID-19 **Is able to independently and consistently wear a mask**	At least 10 days after the date of specimen collection or symptom onset (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present	After day 5, if the resident is asymptomatic or their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present, the resident: • May routinely participate in communal areas/activities but must wear a well-fitted mask at all times when outside of their room; and • May not participate in communal activities where they would need to remove their mask within the setting (e.g., group dining)
Resident Case- tests positive for COVID-19 **Is unable to mask**	At least 10 days after the date of specimen collection or symptom onset (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.	Residents are able to leave their room for walks in the immediate area with a staff person wearing appropriate PPE, to support overall physical and mental well-being.
Resident asymptomatic close contact (Roommate)	Roommate close contacts: isolate and place on Additional Precautions. Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days of isolation (based on 5 days from when the case became symptomatic or tested positive if asymptomatic). All other close contacts do not need to self-isolate if asymptomatic, but should follow Additional Instructions for risk reduction measures.	For a total of 7 days after last exposure to the COVID-19 case (or individual with symptoms): • Daily monitoring for symptoms; • Wear a well-fitted mask, if tolerated, and physically distance from others as much as possible when outside of their rooms; and • Not visit other (unaffected) areas of the home or interact with residents who have not been exposed.

	Self-Isolation Period	**Additional Instructions**
	All other close contacts do not need to self-isolate is asymptomatic	
Resident-Co-Residents on RHA	Does not need to self-isolate if asymptomatic.	Monitoring twice daily for symptoms Strongly encouraging the resident to wear a well-fitting mask, if tolerated, and physically distance from others when outside of their room for 7 days following their last exposure to the individual with COVID-19. - This may include avoiding attending group dining and group activities that involve unexposed residents where masking and physical distancing cannot be maintained by the close contact. Encouraging the resident to wear a well-fitted mask, if tolerated, when receiving care.
Staff positive case	Follow community guidance when community settings outside of the LTCH	Staff may return to work if they are afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea). For a total of 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should: • Strictly adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible); and • Avoid caring for patients/residents at highest risk of severe COVID-19 infection, where possible.
Visitor positive case	Does not need to self-isolate if asymptomatic.	For a total of 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, visitors should avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest-risk settings such as hospitals and long-term care homes. • Where visits cannot be avoided, visitors should wear a medical mask, maintain physical distancing, and

	Self-Isolation Period	**Additional Instructions**
		notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so
LTCH staff and essential visitor/caregiver asymptomatic close contact	Does not need to self-isolate if asymptomatic.	Where feasible, additional workplace measures for individuals who are self-monitoring for 10 days from last exposure may include: • Active screening for symptoms ahead of each shift, where possible • Individuals should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e., not eating meals/drinking in a shared space such as conference room or lunch room.) • Working in only one facility, where possible; • Ensuring well-fitting source control masking for the staff to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator or KN95)

References:

Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for Public Health Units;
Ministry of Long-Term Care COVID-19 guidance document for long-term care homes in Ontario

Ontario. Ministry of Health. Recommendations for outbreak prevention and control in institutions and congregate living settings. Toronto, ON: King's Printer for Ontario; 2024

Attachments:

Droplet/Contact Precautions for COVID-19 Compatible Symptoms Checklist
COVID-19 Outbreak Form
Personal Protective Equipment Required