LONG TERM CARE
INFECTION PREVENTION
& CONTROL
COVID-19 MANAGEMENT
The key components of infection prevention and control of the novel coronavirus, COVID-19, spread in Long Term Care (LTC) includes early detection, prompt reporting of influenza-like illness (ILI) and immediate establishment of outbreak control measures.

This document will focus on guidance for healthcare workers (HCWs) for measures to prevent and control a COVID-19 outbreak. This guideline is informed by currently available evidence and expert opinion and is subject to change as new information becomes available.

Every LTC facility must have a plan for the placement of residents who develop ILI. A single room/unit should be identified to be used for isolating residents and will be called the isolation room/unit. It should have the capacity of providing care for two or more residents. Ideally this isolation room/unit would be located away from the non-infected residents and have bathroom facilities and an area for supplies.

All HCWs must adhere to Routine Practices and Additional Precautions (RPAP) at all times and for all resident encounters while providing care to residents. The RPAP document can be found at this web address https://www.health.gov.nl.ca/health/publichealth/cdc/routine_practices_and_additional_precautions.pdf

The control measures to prevent and control COVID-19 within LTC will be addressed under the following headings:

A. Prevention
B. COVID-19 Management
C. Health Care Workers
D. Occupational Health
E. Visitors
A. Prevention

Routine Practices and Additional Precautions (RPAP)

Key components of RPAP include:

1. Hand Hygiene
   - Diligent hand hygiene is essential for all persons entering the facility
   - Signage with clear instruction must be posted
   - Alcohol-based hand rub (ABHR) must be at entrances, exits and point-of-care (i.e. outside of residents’ rooms)
   - HCWs must adhere to the four moments of hand hygiene
   - All residents must be taught to perform hand hygiene if (physically/cognitively) feasible or assisted with as needed

2. PPE
   - All staff, essential visitors (e.g. contractors/food suppliers) and resident designated visitors who enter the LTC facility must wear a mask securely over their mouth and nose
   - Staff, essential visitors and resident designated visitors will perform hand hygiene before they put on a mask and after removing the mask

3. Point-of-Care Risk Assessment (PCRA)
   - Prior to every resident interaction, HCWs have a responsibility to assess the infectious risk posed to themselves and other residents, visitors and HCWs by a resident, situation or procedure.
   - The PCRA is an evaluation of the variables (risk factors) related to the interaction between the HCW, the resident and the resident’s environment to assess and analyze their potential for exposure to infectious agents and identify risks for transmission.

4. Source Control (includes triage, respiratory hygiene, spatial separation)
   - Triage
     - Entry points to the facility must be limited
     - Screening of all staff, residents, resident designated visitors, contractors and other outside care providers is conducted at all access points, prior to entry, for symptoms or known exposure to COVID-19
     - Signage must be in place to remind staff and essential visitors to perform hand hygiene on entry/exit to facility
     - Signage must be posted instructing those who have symptoms of illness not to enter
o All staff and visitors must log in at entry and exit

- Respiratory Hygiene
  o Masks, tissues, and ABHR and a no-touch waste bin should be available at entry points
  o Residents must be taught how to perform or be assisted with respiratory hygiene practices (e.g. coughing into the sleeve, using tissues)

- Spatial Separation
  o Physical distancing measures (maintaining 2 metres spatial separation) are utilized for staff wherever feasible, and while providing safe care
  o Physical distancing measures (e.g., use of single rooms when available, maintaining 2 metres spatial separation between residents in hallways, during all recreation activities, when dining or during other communal areas) are utilized for all residents

B. COVID-19 Management

1. Admissions and Transfers
   The process for admissions and transfers will depend on the risk of transmission of COVID-19 in the region and/or province as determined by the Chief Medical Officer of Health. The risk periods are designated as i) low prevalence or ii) widespread community transmission.

   Period of Low Prevalence

   i. All new applicants and/or admissions from the community
      - Screen for signs and symptoms of COVID-19 and risk of exposure to COVID-19 as per Appendix B
      - New applicants who are residents of the Atlantic Provinces:
        o do not require testing for COVID-19 and
        o do not require quarantine for 14 days prior to or on admission to the facility
      - New applicants from outside the Atlantic Provinces\(^1\) must be screened as per Appendix B, tested for COVID-19 and complete a 14-day quarantine period as per processes outlined by the regional health authority (for more information on quarantine see Appendix C)
      - Routine admission processes include a medical assessment and a chest x-ray
        o A medical assessment is required and includes screening for risk of COVID-19 and for tuberculosis

---

\(^1\) The Atlantic Provinces includes New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland \& Labrador.
o Routine chest x-rays can be postponed unless there is an indication based on the medical assessment that a chest x-ray is required
o COVID-19 screening can be completed by a nurse or physician
o Normal admission practices should resume when circumstances allow and at the direction of Public Health

• When an application for LTC care has been previously approved, and the individual has been waiting for an appropriate bed, COVID-19 screening should be completed immediately prior to placement
• If an individual has symptoms of COVID-19 or is deemed at risk of COVID-19, placement will be postponed until appropriate follow up has been approved
• Clients who display symptoms of any communicable disease should not be approved for admission until symptoms resolve, except under the direction of MOH

ii. Re-admissions/transfers of residents following an absence of 24 hours or longer (including acute care admission):
• Screen for signs and symptoms of COVID-19 and risk of exposure to COVID-19 as per Appendix B
• Monitor daily for symptoms of COVID-19 as required for all residents (Appendix D)
• Testing for COVID-19 and quarantine is not required

*Note: Admission/re-admission criteria may change with changing prevalence of COVID-19 in accordance with public health guidance.*
Period of Widespread Community Transmission

I. Admissions
Admission to LTC must be under the direction of the LTC Program. Any admissions to LTC during a COVID-19 outbreak at the facility must be directed by the Regional Medical Officer of Health (MOH).

If an admission is permitted the following recommendations must be followed:

i) Resident admissions from the community
   - Screen for signs and symptoms of ILI (Appendix B)
     o Screen must also include exposure risk
   - Test for the complete respiratory panel including COVID-19
   - Place resident on quarantine for 14 days
   - Additional information on quarantine is available in Appendix C.
     o The quarantine period is required in all circumstances and is not dependent on the outcome of the COVID-19 screening or testing.
     o The quarantine period can be completed in the person’s current setting prior to admission (private residence) or in the residential care home.
   - When providing care to residents who require quarantine for 14 days following admission the following shall be implemented:
     o When in close contact with a resident such as providing direct care, staff shall use PPE for Droplet Precautions (mask and eye protection).
     o Where staff are able to maintain a physical distance of two metres from a resident, full PPE is not required, staff shall continue to wear a mask.

ii) Readmission of a resident (non-COVID-19) as a transfer back from Acute Care (AC)
   - Transfers from AC to LTC where the duration of admission or visit has been longer than 24 hours must follow this procedure on readmission:
     o Screen for signs and symptoms of COVID-19 (Appendix B)
   - Test for the complete respiratory panel including COVID-19
   - Place resident on quarantine for 14 days

For further information on the use of PPE during periods of widespread community transmission refer the Provincial PPE document on the following website:

II. Resident Transfers

Transfers between facilities must be essential only and must be coordinated by the transferring agency with the referring agency under the supervision of the Programs.

i) COVID-19 case/suspect case transfer

- If essential medical movement is required
  - The resident must have clean attire, be accompanied by staff, wear a mask (if possible), perform hand hygiene (with assistance as necessary) and avoid touching surfaces outside the room
  - The wheelchair/stretcher must be cleaned and disinfected prior to exit from the resident’s room
  - Droplet-Contact Precautions must be maintained by the staff during the transport
  - Referring facility/unit/Paramedicine staff must be notified prior to the transfer

ii) Resident Transfer for Procedures (non-COVID-19 Case)

Residents who require transfer to an outside agency for procedures in a time frame that does not exceed 24 hours (e.g. dialysis) must follow these precautions:

- Coordinate the procedure with the referring agency and transport team to ensure a harmonized approach to the transport
- Resident must wear a mask, if tolerated
- Attending staff must wear a mask
- Procedure must be done in a single room with bathroom facilities if available
  - If single room unavailable, segregate to one area and designated a bathroom for use for this resident

iii) Resident Transfers for admission to another facility (with no infectious disease symptoms)

Residents who require a transfer between LTC facilities or from a PCH to a LTC must follow these safeguards:

- The resident must be screened prior to transport and at the point of admission to the other facility (Appendix D)
- Hand hygiene (assistance as needed) must be performed when leaving the facility and on arrival at the new location
- A mask must be worn by staff transporting the resident
- The resident should wear a mask, if tolerated
- Physical distancing must be followed when possible
2. Screening
- Residents must be screened at a minimum of once a day for signs and symptoms of influenza-like symptoms (Appendix D)
- Symptoms in elderly residents may be subtle or atypical and screening staff should be sensitive to the detection of changes from the resident’s baseline
- If the screening assessment is positive for signs and symptoms, the resident must be tested for the respiratory panel including COVID-19 and placed on Droplet-Contact Precautions

3. Reporting
- If a resident presents with positive symptoms of ILI, the HCW must immediately
  - Notify the Manager
  - Implement Droplet-Contact Precautions as per RPAP
    - Droplet-Contact Precautions checklist (Appendix E)
  - Notify Infection Prevention and Control (IPAC)
  - Notify the Communicable Disease Control Nurse/Medical Officer of Health (MOH) and Occupational Health
  - Take viral specimen/s (nasopharyngeal swab) for lab testing (Appendix F)
- Notify Environmental Services, Laundry and Food Services
  - Environmental Services will increase cleaning protocols to twice daily
  - Laundry Services will prepare for an increase in linens
  - Food Services will be required to provide in room meals
- Maintain an outbreak line list of all affected residents (Appendix G)

4. Placement
- Residents with signs and symptoms or potential exposure to COVID-19 must be immediately placed on Droplet-Contact Precautions
  - A private isolation room with bathroom facilities is the preferred placement, if not available, liaise with IPAC re appropriate placement
  - Signage should indicate precautions (Appendix H)
  - The resident(s) must be restricted to the room
  - Equipment must be dedicated for use by resident(s)
    - Equipment must be cleaned/disinfected after each use
- Roommate(s) or other contacts of symptomatic resident(s) must be:
  - Moved to a private room for isolation OR if not available, maintained in the room if a two metre separation and privacy curtains/privacy screen can be implemented
    - If a decision is made to cohort the residents the guideline is available in Appendix I
    - Placed on Droplet-Contact Precautions
- Monitored for signs and symptoms
- If signs and/or symptoms develop they must be tested for the respiratory panel including COVID-19

5. Residents Activity
- If an outbreak occurs in the LTC (i.e. one case of COVID-19 diagnosed) all group activities will be cancelled

6. Environmental Control
- Follow policy and procedures for the routine cleaning of the healthcare environment
  - High touch surfaces (e.g. door knobs, hand rails etc.) must be cleaned and disinfected at least twice daily
  - Any equipment that is shared between residents must be cleaned and disinfected before moving from one resident to another
  - If a symptomatic resident is moved, the entire space including all touch surfaces (e.g. overhead table, grab bars, hand rail) must be cleaned (i.e. terminal cleaning)
- Education and a training program must be provided for those responsible for environmental cleaning
- Environmental cleaning must be monitored for cleaning/disinfection compliance

7. Aerosol Generating Medical Procedures (AGMPs)

An AGMP is any procedure conducted on a resident that can induce production of aerosols of various sizes, including droplet nuclei.

Some examples of unplanned AGMPs include CPR with bag valve mask ventilation, bronchoscopy, bronchoalveolar lavage, and intubation and extubation procedures.
- AGMPs on a resident suspected or confirmed to have COVID-19 should only be performed if:
  - The AGMP is medically necessary and performed by the most experienced person
  - The minimum number of persons to safely perform the procedure are present
  - All persons in the room are wearing a fit-tested, seal checked N95 respirator, facial/eye protection, gown and gloves
  - An Airborne Infection Isolation Room should be used if available OR a single room with the door closed
  - Keep door closed to the room at all times except for entry/exit
o Door to remain closed to allow for sufficient air exchanges to clear the air of contaminants
• A poster should be place on the door visible to all who enter and it must remain on the door until the air has been cleared of contaminants (Appendix J)
• Planned AGMPs for residents (e.g. chronic CPAP or BiPAP) will follow the direction as determined by whether there is a low or widespread community transmission of COVID-19 (Appendix K). For additional information on AGMPs refer to the document “Aerosol-generating medical procedures for COVID-19 patients” available on the provincial IPAC website https://www.gov.nl.ca/covid-19/for-health-professionals-2/infection-prevention-and-control/

8. Outbreak Management
• A single confirmed case of COVID-19 in a resident is justification to apply outbreak measures in a facility
• An Outbreak Management team should be assembled immediately
• Each facility should have the name and contact information of their RMOH/Communicable Disease Control Nurse (CDCN)/Occupational Health
• A person (Team Leader/Manager) has been identified to notify RMOH
• There is a process in place for specimen collection/transfer to the laboratory
• Ensure contact information for families is up-to-date
• Further restriction of movement of residents within the facility is warranted

Contact Tracing
• IPAC and Occupational Health will initiate contact tracing as soon as a COVID-19 outbreak is confirmed
• CDCN will follow any contact from the community

C. Healthcare Workers

HCWs in LTC facilities can work at one facility only during a COVID-19 outbreak and staff should be dedicated to work on the affected unit.

1. Infection Prevention and Control Precautions
• All HCWs must adhere to the following Routine Practices and Additional Precautions Guidelines at all times:
  o Hand Hygiene
    ▪ Perform/promote hand hygiene as per four moments
o Respiratory Etiquette
  ▪ Recommend and follow respiratory etiquette recommendations as per RPAP

2. Self-Screening
  • HCWs should perform a self-assessment for respiratory symptoms prior to the beginning of the shift and midway through the shift (Appendix L)
    o Check for signs and symptoms of ILI
  • If a HCW develops symptoms at work
    o Immediately perform hand hygiene
    o Do not remove the mask
    o Inform Manager and Occupational Health
    o Avoid further resident contact
    o Leave unit as soon as it is safe to do so and when directed by the Manager
  • A HCW with any symptoms (including mild respiratory symptoms) should be tested for COVID-19, excluded from work and follow Occupational Health/Public Health guidance with regard to further management

3. Point of Care Risk Assessment (PCRA)
  • Prior to every resident interaction the HCW must complete a PCRA (Appendix M)
    o The PCRA helps staff select the appropriate actions to minimize risk of exposure to known and unknown infections
    o Performing a PCRA helps to avoid over-reliance on PPE, misuse and waste of PPE

4. Droplet-Contact Precautions as per the RPAP document must be followed when caring for a symptomatic resident
  • A checklist for Droplet-Contact Precautions is available in Appendix E
  • This checklist must be available for staff either on the outside of the door where the resident is being isolated or in another obvious location

5. PPE Requirements
  • HCWs providing direct care to a resident who is a COVID case or a symptomatic case must wear the following attire:
    o Gloves, gown, eye/face protection and a medical mask
    o The Putting on and Taking off Procedure Poster must be clearly visible on the door of the isolation room (Appendix N)
    o N95 and eye protection for AGMPs

6. Physical Distancing
  • Physical distancing means making changes in your everyday routines in order to minimize close contact with others, including: avoiding common greetings, such as
handshakes and keeping a distance of at least 2 metres from others, as much as possible
• Maintain a distance of two meters from other staff especially during breaks and at lunch, when not masked
• Staff should not gather in groups (e.g. at the nursing station)

7. Education
• LTC facilities must provide HCWs with the focused knowledge needed to provide care to residents with COVID-19. The topics would include the following:
  o Novel COVID 19
  o Hand hygiene
  o PPE
  o Putting on and Taking off PPE
  o Routine Practices & Additional Precautions
  o Equipment cleaning
  o Setting up a room for isolation
  o Instruction on how/where to dispose of used supplies

• Methods to provide the education may include:
  o Learning Module System – mandatory for all staff
  o Huddles/rounds with staff
  o Use of additional resources for education
  o Groups such as Learning and Development Educators may assist with huddles/rounds
  o Tracers for all facilities
  o Face to face - Putting on and Taking off PPE
  o Engaging others as a spotter for doffing
  o Information on maintaining a log of all persons who enter the isolation room

8. Safety Tips for HCWs
   Guidance for HCWs about what to do to minimize bringing COVID-19 and other viruses home (Appendix O).

D. Occupational Health
• Staff will be expected to screen for signs and symptoms of COVID-19 prior to working a shift in the healthcare environment and mid-way through the shift (Appendix L)
• Staff with any symptoms of ILI must be tested for COVID-19 and excluded from work
  o Follow Occupational Health and Public Health guidance with regard to further management
- Staff with unprotected exposure to a COVID-19 case will be followed by Occupational Health
- Designated staff should initiate and maintain a line listing of staff with suspected or confirmed COVID-19 (Appendix P)

### E. Visitors

Visitor restriction should be followed. Follow provincial recommendations at [https://www.gov.nl.ca/covid-19/guidelines-for-support-person-designated-visitors/](https://www.gov.nl.ca/covid-19/guidelines-for-support-person-designated-visitors/)

The Provincial recommendations on the website include the following topics:

1. Introduction
2. Overall Guidance for All Settings
3. Acute Care
4. Long-term Care/Personal Care Homes/Community Care Homes/Assisted Living Facilities
5. End-of-Life Visiting – All Care Facilities
6. Frequently Asked Questions

- All designated visitors should be screened for signs and symptoms of infection at every visit
  - If signs and symptoms are present, or if they are on self-isolation or quarantine as per relevant public health directives, they should be excluded from visiting and suggested to follow up with local public health and provided with the 811 number
- Visitors that are permitted to enter will be given a procedure mask
  - They must be instructed by staff on the importance of hand hygiene with ABHR and when and how to perform hand hygiene, for instance on entering and exiting the building, the resident room, and after touching any surfaces in the resident’s environment or the resident
  - Hands hygiene must be performed prior to donning the procedure mask and the person instructed that is must remain fully in place for the duration of the visit
- Asymptomatic persons on quarantine may apply to the RHA for an exemption to visit under extenuating circumstances (e.g. End-of-Life)
Appendix A: Personal Protective Equipment Recommendations for Healthcare Workers working in LTC Facilities during the COVID-19 Pandemic

There are several types of masks available for use in the health care system. All individuals using medical face masks must be aware of the protective capabilities of the mask being worn. A point-of-care risk assessment should be performed to determine which offers appropriate protection.

Due to the global demand for Personal Protective Equipment (PPE) as a result of COVID-19, the quantity of supply of PPE from regular distributors and manufacturers has been very limited leaving some forms of PPE (like medical masks) in short supply. As a result, Newfoundland and Labrador (NL), like other jurisdictions across Canada, has been seeking alternate sources of supply to accommodate the growing demand for PPE within our province.

Each country has their own certification standard for each mask type. For example, Europe uses the EN 14683 standard for medical masks, US/Canada use the ASTM standard and China uses the YY 0469 standard. Each standard varies by country, however they are broadly similar. The ASTM standard ASTM F2100-11 (2011) and the European standard EN 14683 are both intended to help facilitate the choice of medical face masks in the US/Canada & European markets by standardizing the information and performance data required for the masks.

All PPE is reviewed to assess if it meets Canadian standards for the appropriate task.


To help understand the tasks where differently rated masks are appropriate the ASTM ratings are described here.

An ASTM rating is used to determine if the mask design, fit and filtration matches the protection needed. A point-of-care risk assessment should be performed to determine which offers appropriate protection. ASTM ratings range from levels 1 through 3.

- An ASTM rated mask is often referred to as a medical or surgical mask
- Level 3 is often used in the OR setting and commonly referred to as a surgical mask
- A surgical mask is used inside the operating room or within other -procedure areas to protect the patient environment from contamination
  - It also protects the clinician from contaminated fluid or debris generated during the procedure.

Both Level 1 and 2 provide protection for routine care and are often referred to as medical masks

- Level 1 & 2 are suitable for routine care of COVID-19 residents

There are masks that do not have ASTM or equivalent ratings, in the past often referred to as procedural masks.

- Procedural masks are used generally for "respiratory etiquette" to prevent clinicians, patients, residents and visitors from spreading germs when talking, coughing or sneezing.
Appendix B: LTC Admission of Resident Screening Tool – Low Prevalence Period

On admission to a LTC facility a resident must be screen for new or worsening signs and symptoms of influenza-like illness. The resident or family member should answer the following questions. Name: __________________________ Date: _______________ HCW: ________________

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the resident have a fever (temperature of 37.8°C or greater) or a significant increase in temperature from a resident’s baseline (i.e. ≥ 1.1 °C ) Rule out other causes of increased temperature (e.g. hot drink, wrapped in a warm blanket) and avoid if possible the use of an antipyretic until the elevated temperature has been confirmed. Retake temperature in one hour.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the resident have any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the resident have any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, headache, nausea and vomiting or loss of/change to sense of smell/taste?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exposure risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the resident travel outside the Atlantic Provinces(^3) in the 14 days before admission?</td>
</tr>
<tr>
<td>Did the resident reside in a community along the Labrador-Quebec border(Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon) who has travelled outside of these areas in the last 14 days?</td>
</tr>
<tr>
<td>In the last 14 days, has the resident been in close contact with a suspect or confirmed case of COVID-19?</td>
</tr>
<tr>
<td>In the past 14 days, has the resident been in close contact with a person, with acute respiratory illness, who travelled outside of the Atlantic Provinces in the 14 days before their illness?</td>
</tr>
<tr>
<td>Has the resident been tested for COVID-19? No□ Yes□ If yes: Date:</td>
</tr>
</tbody>
</table>

Note: **Close contact** is someone who i) provided care for the infected individual or family member or ii) lived with or prolonged contact (greater than15 minutes) within two metres of the infected person or iii) had direct contact with infectious body fluids of the person (e.g. was coughed or sneezed on).

A resident has a positive screen if they have:
- Two or more symptoms and one exposure risk **OR**
- One exposure risk

**Conclusion:** Positive screen □ Negative screen □

---

\(^2\) HCW who completes the screening tool must sign the form.

\(^3\) The Atlantic Provinces are: New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador.
Table 1: Screening tool decision guide – low prevalence period

<table>
<thead>
<tr>
<th>Table 1: Screening tool decision guide</th>
<th>COVID-19 swab</th>
<th>Is this a confirmed case</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Not required for admission</td>
<td>No</td>
<td>No isolation required</td>
</tr>
<tr>
<td>Negative but two or more symptoms</td>
<td>Not required unless requested by physician/nurse practitioner</td>
<td>No</td>
<td>If symptoms of infection are present place on appropriate Additional Precautions</td>
</tr>
<tr>
<td>present</td>
<td></td>
<td></td>
<td>If a non-infectious cause is diagnosed, the patient can be taken off Additional Precautions</td>
</tr>
<tr>
<td>Positive</td>
<td>Required</td>
<td>No</td>
<td>Droplet-Contact Precautions are required until results of the test received</td>
</tr>
<tr>
<td>Positive</td>
<td>Positive within the last 14 days</td>
<td>Yes</td>
<td>Droplet-Contact Precautions are required until confirmed non-infectious by the physician</td>
</tr>
<tr>
<td>Negative</td>
<td>Previously positive (&gt; 14 days ago)</td>
<td>Yes</td>
<td>No precautions are required</td>
</tr>
<tr>
<td></td>
<td>Confirm with Public Health that isolation has been discontinued</td>
<td></td>
<td>A repeat COVID-19 swab is not required unless requested by physician</td>
</tr>
</tbody>
</table>

**Note:** A confirmed case is someone who has had a positive swab and been diagnosed as having or having had COVID-19.
Appendix C: Guidelines to Quarantining at Home

Quarantine (self-isolate)

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

Resident admissions from the community to Long Term Care and Personal Care Homes that are permitted must meet the following recommendations:

- Screen for signs and symptoms (Appendix B)
- Screen must also include exposure risk
- Test for the complete respiratory panel including COVID-19
- Place resident on quarantine for 14 days

There may be times when this quarantine will need to occur in the client’s private residence. The care team should discuss quarantining guidelines with the client and family to determine if this is an option that will be suitable for the client. A Home Quarantine Care Plan should be developed.

The need for the client to quarantine should be communicated to the home care agency or the self-managed care provider to ensure the home support worker is educated on proper procedures. An effort should be made to keep consistent home support workers in the client’s home.

HCWs must wear a mask for duration of shift when caring for clients who are quarantining.

The person in quarantine is to have a symptom check every day including temperature; this must be recorded. If symptoms are present complete the self-assessment and notify the responsible person identified in the Home Quarantine Care Plan.

Home visits should be done by the responsible person identified in the Home Quarantine Care Plan weekly to identify any issues with self-quarantine.

During the Quarantine (self-isolation) period of 14 days the client need to:

Stay at home and monitor for symptoms, even just one mild symptom. If there are symptoms complete the self-assessment tool [https://nl.thrive.health/covid19/en](https://nl.thrive.health/covid19/en) or call 811. As well it will be necessary to contact the contact person identified in the Home Quarantine Care Plan.

The client should limit contact with others:

- The client will only leave their home for medically necessary appointments (use private transportation for this purpose).
• Stay on their property only: may go outside on the balcony or deck, or walk in the yard

• Use technology, such as video calls, to keep in touch with family and friends through online dinners and games. HCW may assist with this if necessary.

• At least once daily, clean and disinfect surfaces that are touched often, like toilets, bedside tables, doorknobs, phones and television remotes. HCW may assist with this if necessary.

• If the home is shared with other family members the client should practice physical distancing in the home
  o keep at least 2 metres between yourself and the other person, if this is not possible a non-medical I mask must be worn
  o keep interactions brief
  o stay in a separate room and use a separate bathroom, if possible

• If the person quarantining lives alone one designated visitor is allowed. Visitor must be well, self-screen every day and mask at all times.

Appendix D: Resident Daily COVID-19 Screening Tool

Each day there will be active screening of residents for (new or worsening) signs or symptoms of COVID-19.

**Question 1:** Does the resident have a fever (temperature of 37.8°C or greater) or a significant increase in temperature from a resident’s baseline (i.e. ≥ 1.1 °C)? Rule out other causes of increased temperature (e.g. hot drink, wrapped in a warm blanket) and avoid if possible the use of an antipyretic till elevated temperature has been confirmed. Retake temperature in one hour.

**Question 2:** Does the resident have any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing)?

**Question 3:** Does the resident have any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, headache, nausea and vomiting or loss of/change to sense of smell/taste?

Questions will be either Yes or NO. A positive sign or symptom must be reported immediately to the Unit Supervisor. Residents who have positive signs and symptoms will be tested for COVID-19.

Date: ________________________  Unit: ______________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>AM</th>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>HCW[^4]</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[^4]: HCW who completes the screen must insert initials.
## Appendix E: LTC Droplet-Contact Precautions Checklist

<table>
<thead>
<tr>
<th>Element</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Placement</strong></td>
<td>o Single room with bathroom facilities</td>
</tr>
<tr>
<td></td>
<td>o Consult IPAC prior to cohorting symptomatic residents</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td>o Gloves, nitrile or approved equivalent standard</td>
</tr>
<tr>
<td></td>
<td>o Gown (Level 2 AMMI)</td>
</tr>
<tr>
<td></td>
<td>o Eye protection</td>
</tr>
<tr>
<td></td>
<td>o Mask</td>
</tr>
<tr>
<td></td>
<td>o <strong>N95 respirator for AGMPs</strong></td>
</tr>
<tr>
<td><strong>Sign</strong></td>
<td>o <strong>Post Droplet-Contact</strong> sign clearly visible to all at the entrance to the room used for isolation</td>
</tr>
<tr>
<td></td>
<td>o <strong>AGMP poster must be visible during an AGMP procedures and left in place for a minimum of one hour following the procedure</strong></td>
</tr>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td>o Ensure alcohol-based hand rub is available at the point-of-care</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>o Only essential equipment in the room</td>
</tr>
<tr>
<td></td>
<td>o Dedicate non-critical equipment (e.g. thermometer, B/P cuff) to the resident</td>
</tr>
<tr>
<td></td>
<td>o Clean and disinfect equipment after use</td>
</tr>
<tr>
<td><strong>Handling of Dishes</strong></td>
<td>o No special precautions required as per RPAP</td>
</tr>
<tr>
<td><strong>Handling of Linen</strong></td>
<td>o No special precautions required as per RPAP</td>
</tr>
<tr>
<td><strong>Waste management</strong></td>
<td>o No special precautions required as per RPAP</td>
</tr>
<tr>
<td><strong>Resident leaving room</strong></td>
<td>o Only for essential medical reasons</td>
</tr>
<tr>
<td></td>
<td>o Provide clean attire, clean stretcher linen and mask for the resident</td>
</tr>
<tr>
<td></td>
<td>o Assist with hand hygiene prior to leaving the room</td>
</tr>
<tr>
<td></td>
<td>o HCW to accompany the resident</td>
</tr>
<tr>
<td></td>
<td>o HCW must wear PPE as per Droplet-Contact precautions</td>
</tr>
<tr>
<td></td>
<td>o Inform the transport and receiving facility of transfer</td>
</tr>
<tr>
<td><strong>Resident/Essential Visitor Teaching</strong></td>
<td>o Explain the reason for the precautions and the components of precautions</td>
</tr>
<tr>
<td></td>
<td>o Teach respiratory etiquette and provide tissues</td>
</tr>
<tr>
<td></td>
<td>o Demonstrate how to put on and take off mask and how to perform hand hygiene</td>
</tr>
</tbody>
</table>
Appendix F: Viral Nasopharyngeal Specimen Collection

A video on how to collect a nasopharyngeal (NP) specimen is available at [https://www.youtube.com/watch?v=FpMoHZe6_Mw&feature=youtu.be](https://www.youtube.com/watch?v=FpMoHZe6_Mw&feature=youtu.be)

**PROCEDURE FOR COLLECTING A NASOPHARYNGEAL SPECIMEN**

A wide variety of viruses cause infections of the respiratory tract. Respiratory virus diagnosis depends on the collection of high-quality specimens, appropriate storage, and their rapid transport to the laboratory. The best time to take a specimen is 24-48 hours after symptom onset.

The Personal Procedure Equipment (PPE) poster: Putting on and Taking off PPE should be available for a quick reference as to the proper procedure.

---

A point-of-care risk assessment (PCRA) must be done to identify the appropriate PPE required for reducing the risk of exposure. The PCRA indicates that the following PPE is needed: gown, medical mask, eye protection or a face shield, and gloves.

The healthcare worker (HCW) must assemble the necessary equipment which includes:

- Swab - The swab which is included with the eNat tube
- Medium - eNat tube - The expiry date must be checked.
- Requisition
- Label
- Biohazard bag
- Tissues
- Pen
- Garbage bin
- Alcohol-based hand rub if a sink/soap are not available

The HCW will complete the label for the specimen tube and the requisition prior to starting the procedure. It must contain the following information:

- On the specimen tube: Patient’s name, MCP, date of birth and time of collection
- On the requisition or as entered in the Meditech system in the comment’s section:
  - Patient Name, MCP, date of birth, time of collection, and also
  - Indicate if: IP: Inpatients, ER: ER patients, HCW: Health Care Workers, OP: Outpatients, RC: Residential Care
  - And if either: ASY: Asymptomatic or SYM: Symptomatic

Failure to fill in the required information will mean that the specimen will be rejected.

Once the information has been completed, the biohazard bag will be opened so the specimen can be easily put in it after collection.
PROCEDURE FOR COLLECTING A NASOPHARYNGEAL SPECIMEN

The HCW performs hand hygiene and puts on the required PPE as per the Putting it on poster: first the gown, then the medical mask, eye protection and then the gloves.

The procedure is explained to the patient and the patient is informed that it may be uncomfortable for a few minutes. The patient is then instructed to blow the nose or to use a tissue to clear any nasal mucous which could interfere with proper collection.

The patient is instructed to sit comfortably with the head tilted back slightly. This will help straighten the passage and make insertion easier.

Prior to the insertion of the swab the distance, from the tip of the nose to the bottom of the ear, is measured in order to estimate the distance the swab will be inserted.

The swab will then be inserted to the estimated distance, along the base of the nose until it reaches the posterior nares. The swab must not be inserted upward. If resistance is met, the other nostril can be used as the patient may have a deviated septum.

The swab will now be gently rotated in order to dislodge epithelial cells and will be left in place for 5-10 seconds to ensure a good quality specimen. Then the swab is removed and put into the transport medium breaking the swab at the scored line and recapping the tube. The transport medium is then placed inside the biohazard bag.

The patient is told that the results of the test will be provided by the healthcare provider.

The PPE is removed as per the Taking off PPE poster and hand hygiene performed.

The requisition is placed in the outer pocket of the plastic biohazard bag.

The specimen should be refrigerated and then sent to the PHML as soon as possible.
Appendix G: Residents COVID-19 Outbreak Line List

The names of all residents, who are confirmed or suspect cases of COVID-19, will be recorded.

<table>
<thead>
<tr>
<th>Resident Demographics</th>
<th>Clinical Presentation</th>
<th>Specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>MCP</td>
<td>Unit</td>
</tr>
<tr>
<td></td>
<td>Room</td>
<td>Date of S/S onset</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H: Droplet-Contact Precautions Signage
Appendix I: Cohorting Guideline

Definition of Cohorting

Cohorting is the assignment of a physical space such as a room or a resident care area to two or more residents who are either colonized or infected with the same microorganism. It can also include staffing assignments restricted to the cohorted group.

There are two types: geographical cohorting and cohorting in the same room.

- Geographical cohorting means that a certain area or unit has been designated as the COVID-19 Unit
  - All infected and suspects COVID-19 residents would be sent to this area

- Cohorting in the same room means that the resident would be cohorted in the room with another resident who is at the same stage of infection (e.g. either both suspected COVID-19 or both confirmed positive for COVID-19). A suspect case must not be cohorted with a confirmed case.
  - Each resident would be considered as a single unit on isolation

Process in planning to cohort

In planning to cohort residents, certain basic infection prevention and control practices must be considered. These include:

- Administrative controls
  - Policies, procedures and education for the units which are to be affected

- Source controls
  - Point-of-Care Risk Assessment (PCRA) which should be used prior to all interactions with residents
  - Hand hygiene – Hand hygiene is the single most important way to prevent the spread of infection and must be done in keeping with the four moments of hand hygiene
  - Respiratory etiquette – making available tissues for residents and giving instructions on ways to contain secretions

Geographic Cohort Considerations

Where possible, a designated self-contained area or wing of the healthcare facility should be used for the treatment and care of residents with COVID-19.
• This area should:
  o Not be used as a thoroughfare by other residents, visitors or staff, including residents being transferred, staff going for meal breaks, and staff and visitors entering and exiting the building
  o Be separated from non-segregated areas by closed doors, where possible
  o Have signage displayed warning of the segregated area to control entry

• It may also be prudent to consider:
  o Staff cohorting
    ▪ Assigning a dedicated team of staff to care only for residents known to be infected with the same microorganism
    ▪ Can be used to reduce the potential for cross infection between residents
  o Droplet-Contact Precautions would be required for all care and used throughout the shift for multiple resident encounters
    ▪ Hand hygiene would be performed as per the four moments
    ▪ Gloves would be changed after providing care to a resident and hand hygiene performed
    ▪ Gowns would be changed if soiled, wet or compromised
    ▪ Mask/eye protection would be used for the entire shift, maximum 12 hours

**Individual Room Cohorting Considerations**

Cohorting of residents during the COVID 19 Pandemic must be planned with guidance from Infection Prevention and Control. Cohorting can only be undertaken if a private room is not possible. Only two residents should be in the cohort.

• Both cohort residents must be at the same stage of illness (i.e. both are either confirmed cases of COVID-19 or both are suspect cases of COVID-19)

• The cohorted residents must be cognitively able to follow instructions

• Bathroom facilities must be in the room or a commode provided for each resident
  o If the same bathroom is used by both residents it must be cleaned after every use

• A physical separation should be established between the residents
  o Privacy curtains or privacy screens should be used to maintain the 2 meter separation and to minimize the opportunity for close contact

• A PCRA must be performed prior to contact with each resident

• Droplet-Contact Precautions must be used when providing care in the room
  o Hand hygiene would be performed as per the four moments
  o Gloves would be changed after contact with the resident and hand hygiene performed
  o Gowns would be changed when soiled, wet or compromised
o Mask/eye protection would be used while in the cohort
o Staff would remove and dispose of the PPE prior to leaving the cohort room and perform hand hygiene

- Equipment
  o Single use items recommended, dedicated to each resident, if possible
  o If shared it must be cleaned/disinfected after use on a resident

- Place an isolation cart outside the room
- The room should be cleaned at least twice a day by Environmental Services
Appendix J: Aerosol-generating Medical Procedures Poster

This poster should be available to guide HCWs as they prepare to enter a room where an AGMP is being performed. This is a sample and each RHA will have a poster available.
Appendix K: AGMPs in Low and High COVID-19 Prevalence

The Provincial Guideline for Aerosol-generating medical procedures (AGMPs) during the COVID-19 Pandemic is available on the provincial COVID-19 website

Appendix L: COVID-19 Regional Health Authority and Newfoundland and Labrador Center for Health Information Staff Self-Assessment (as of July 3, 2020)

The staff self-assessment form can be assessed on the following website:

https://forms.healthenl.ca/selfassessment/
Appendix M: Point-of-Care Risk Assessment

**BEFORE** each patient/resident/client interaction, the health care worker (HCW) completes a ‘Point of Care Risk Assessment’ (PCRA) to determine the risk of exposure and appropriate Routine Practices and Additional Precautions required for safe care by asking the following questions:

- What are the resident’s symptoms?
- What is the degree of contact?
- What is the degree of contamination?
- What is the resident’s level of understanding and cooperation?
- What is the degree of difficulty of the procedure being performed and the experience level of the care provider?
- What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes?

The PCRA allows the HCW to determine what personal protective equipment (PPE) to select and wear for that interaction.
Appendix N: Putting on and Taking off PPE

Protect Yourself - Protect Others
Personal Protective Equipment
Putting it on in 5 easy steps

1. Hands
   - Clean your hands with sanitizer or soap and water.

2. Gown
   - Tie at top.
   - Then tie at waist.
   - Ensure the opening is in back and it covers your skin and clothes.

3. Mask
   - Put on a procedure or surgical mask.
   - Mold the metal to fit your nose.
   - A fit check must be performed with each use.

4. Eye Protection
   - Put on eye protection.
   - Alternate: Combo mask/eye shield.

5. Gloves
   - Pull on gloves and ensure they cover the cuffs of your gown.
   - Alternate: N95 respirator if indicated.

*Remove all PPE, with the exception of N95, before leaving patient room.

Adapted with permission from the Winnipeg Regional Health Authority
Protect Yourself - Protect Others
Personal Protective Equipment

Taking it off in 6 easy steps

1. Gloves
   - Remove gloves.
   - Clean your hands with sanitizer or soap and water.

2. Gown
   - Untie neck. Untie waist.
   - Hook fingers under opposite cuff. Pull over hand.
   - Use gown-covered hand to pull gown over other hand.
   - Pull gown off without touching outside of gown.
   - Roll up inside out/discard.

3. Hands
   - Clean your hands with sanitizer or soap and water.

4. Eye Protection
   - Remove by handles and place in reprocessing bin or garbage.

5. Mask/N95 respirator
   - Remove using loops or ties; do not touch mask.
   - N95 should be removed outside of the room after the door has been closed. Place in garbage.

6. Hands
   - Clean your hands immediately after removal of PPE or anytime you suspect your hands are contaminated during PPE removal.

*Remove all PPE, with the exception of N95, before leaving patient room.
Appendix O: Safety Tips for HCWs

**Before Work**
- Leave watches and jewelry at home
- Wear clean street clothes into work
- Change into uniform/work clothes and footwear at work
- Bring lunch in a disposable bag
- Maintain a clean shaven face for those who require fit testing and who may need to wear a respirator during their shift
- No nail polish, artificial nails, or nail enhancements. Keep nails trimmed

**During Work**
- Sanitize phone, ID badge, and glasses with alcohol swab
- Sanitize work station and equipment with accent wipes or alcohol swabs
- Practice hand hygiene before and after each patient and when touching new surfaces
- Sanitize eating surface with accent wipes before eating
- No handshaking or fist bumps
- Wear appropriate PPE as directed

**After Work**
- Change into street clothes. Take soiled work clothes or uniform home and wash in washer
- Sanitize phone, ID badge, glasses, or other equipment
- Wipe down work shoes and leave at work
- Shower immediately at home
- Leave outside shoes in garage or outside front door
- Clean water bottles and containers in the dishwasher
- Focus on wellness activities at least one hour per day
- EAP support is available at each Regional Health Authority
Appendix P: COVID-19 Outbreak Line List – HCWs

Designated staff should initiate and maintain a line listing of staff with suspected or confirmed COVID-19

<table>
<thead>
<tr>
<th>HCW Information</th>
<th>Clinical Presentation</th>
<th>Specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>MCP</td>
<td>Unit(s)</td>
</tr>
<tr>
<td></td>
<td>Worked</td>
<td>Occupation</td>
</tr>
<tr>
<td></td>
<td>Date of S/S onset</td>
<td>Symptoms</td>
</tr>
<tr>
<td></td>
<td>Date S/S resolved</td>
<td>Collection date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Result</td>
</tr>
</tbody>
</table>