## COVID-19 Highlights – LONG TERM CARE

### GENERAL INFORMATION

#### Screening
- Individual has:
  - Traveled outside of Manitoba in the last 14 days;
  - Been in contact with someone who is confirmed to have COVID-19;
  - Been in contact with a laboratory sample confirmed to contain COVID-19;
  - Been in a large group setting (like a conference) where someone is confirmed to have COVID-19;
  - Is a health-care worker;
  - Lives, or works, in a remote or isolated community OR a group setting (such as a correctional facility, long term care facility or a shelter)

Screening criteria are intended to supplement clinical judgment, not supersede it.

#### Signs & Symptoms
- Cough, fever, difficulty breathing, sore throat, runny nose, malaise, headache

### INFECTION PREVENTION & CONTROL MEASURES

#### Residents with signs/symptoms (Source Control)
- Signage at entrances
- Hand hygiene (HH) and respiratory etiquette
- Separate residents with potential infection if unable to immediately isolate

#### Additional Precautions & Personal Protective Equipment (PPE)
- Droplet/Contact Precautions
  - Post appropriate precautions signage on room door
  - Gloves, gown, procedure or surgical mask, face/eye protection
  - Dedicate resident equipment
  - Airborne Precautions for aerosol-generating medical procedures (AGMPs), including N95 respirator. See Clinical Recommendations for Use of Masks

#### Resident Accommodation
- Single room, preferred. If cohorting needed, consult IP&C; only possible for confirmed infection
- For AGMPs, single room with closed door

#### Testing
- For LTC residents who are symptomatic (respiratory symptoms of any severity) AND meet screening criteria by living in a group setting:
  - Collect 1 nasopharyngeal (NP) swab placed in viral transport medium in addition to routine investigations; video: https://vimeo.com/398627117/e35232c036
  - On the Cadham Lab requisition, clearly identify that the resident lives in long term care, relevant symptoms, and request for COVID-19 test
  - More severely ill residents may also require deep lung specimens be submitted, such as sputum, ETT secretions or broncho-alveolar lavage specimens
  - No serological test for the COVID-19 virus

#### Resident Transport
- Transport out of the isolation room for medically essential purposes only
- Notify Patient Transport Services and receiving department regarding Droplet/Contact Precautions in advance of transport
- Assist resident to apply a procedure or surgical mask and to perform hand hygiene
- Staff involved in transport must discard PPE as leaving the room, and apply new PPE prior to transport (perform HH, apply procedure or surgical mask, isolation gown and gloves)

#### Resident Items
- Ensure items dropped off for residents are able to be cleaned and disinfected

#### Discontinuation of Precautions
- Collaboration between the Medical Director/ Attending Physician and Medical Officer of Health, considering both the clinical and laboratory findings

#### Visitor Management
- LTC facilities strongly recommended to immediately suspend visitor access
- Persons who have had exposure to a confirmed case of COVID-19 are not to visit in health care facilities (HCF). Health care providers should confirm setting AND how person notified
- Persons who’ve returned from travel, including within Canada, in the last 14 days are not to visit in HCF
- Persons with cold or flu-like symptoms are not to visit in HCF
- Persons who have tested positive are not to attend HCF until cleared medically
- Exceptions for compassionate reasons or end of life should be made on a case-by-case basis at the discretion of individual facility managers. Refer to the “Guideline for Long Term Care Operations during Enhanced Visitor Restrictions”
- Appropriately screen and limit to ONE VISITOR AT A TIME (e.g., immediate family member or parent, guardian, or primary caregiver).
- Explore alternate mechanisms for interactions between residents and other individuals (e.g., video call on cell phones or tablets)
- Visitors to visit 1 resident directly and exit facility directly after visit with good HH before and after
- Visitors should not be present during AGMPs
- Screen and manage visitors if they have signs and symptoms and exposure criteria consistent with COVID-19 infection
- Instruct visitors to speak with a nurse or physician before entering the room to assess risk to the visitor’s health and ability to adhere to Routine Practices and additional precautions
- Provide visitors with instructions and supervision on appropriate use of PPE for Droplet/Contact precautions

#### Social Distancing
- Reduce close contact between people to try to stop the progression of virus transmission
- Minimize prolonged (more than 10 minutes), close contact (less than 2 metres or 6 feet) with others
- Avoid gatherings that involve touching, including handshakes and hugs
- Frequent cleaning and disinfection of regularly used surfaces, recreation equipment, electronics and other personal belongings with a facility-approved disinfectant
- Cease large group activities, instead offer smaller recreation activities with residents who are well and not asymptomatic, avoiding close contact (less than 2 metres or 6 feet)