

COVID-19 Response in Long-Term Care (LTC)

Site Applicability

PHC Long Term Care Homes.

Practice Level

RN/RPN, LPN, RCA, Allied Health

Infection Control Practitioners

Physician and Nurse Practitioners

Site Leaders and Resident Care Managers

Need to Know

- Daily resident assessment for symptoms as part of routine practice is expected, but formal documentation not required on COVID-19 Symptom Assessment in LTC.
 - Daily Symptom Assessment documentation recommended for residents with Viral Respiratory Infection (VRI) symptoms, residents exposed to a positive COVID-19 case and during clusters and outbreaks as per IPAC direction.
- Prevention remains the most important measure against COVID-19. All Long-term care and Assisted Living residents are strongly encouraged to be fully immunized against COVID-19, including booster doses.
- All HCWs and staff in LTC and seniors' AL facilities must follow vaccination related requirements in accordance with [orders and/or policies from the provincial health officer](#), their regulatory college and their employer.
- As positive COVID-19 cases and clusters are identified, we will continue to seek consultation with Infection Prevention and Control (IPAC) and Public Health (as required) to determine appropriate steps to mitigate COVID-19 transmission.
- We are balancing the needs of our residents and families to return to social activity, while maintaining comprehensive protocols to contain COVID-19 within the care homes.
- Previously Rapid Antigen Tests (RAT) were utilized to discontinue additional precautions, to assist resident placement and to allocate the appropriate resources to residents. Due to changes in the Provincial supply, this document has been updated.
- For IPAC consult, the PHC IPAC team are available Monday –Friday 08:00-16:00
Call: 604-806-9357 (Ext. 69357), Email: PHCINFC@providencehealth.bc.ca

After hours call Medical Microbiologist on call through switchboard.

Standards

In addition to Routine Practices, Airborne, Droplet and Contact Precautions will be initiated for all residents with confirmed or suspected COVID-19 illness for the duration of their infectious period while in LTC.

In PHC LTC, a COVID-19 Polymerase Chain Reaction (PCR) test should be ordered for all residents with symptoms compatible with COVID-19.

Routine infection prevention practices are the baseline measures that are always in place to reduce the risk of COVID-19 transmission. Routine practices that are regularly in place to prevent COVID-19 transmission include:

- Monitoring of residents for [signs and symptoms](#) consistent with COVID-19 infection and testing for COVID-19 when indicated,
- COVID-19 vaccination for health care workers and residents in LTC,
- Staff self-assessment for signs and symptoms consistent with COVID-19 infection prior to work and staying home if ill,
- Hand hygiene and respiratory etiquette practices,
- Regular cleaning and disinfection, and
- Education of staff, patients, family, and visitors.

Symptoms of COVID-19 include new or worsening:

- Fever* or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing
- Sore throat
- Loss of appetite
- Runny nose
- Sneezing
- Extreme fatigue or tiredness
- Headache
- Body aches
- Nausea or vomiting
- Diarrhea

*Note: In the elderly, fever may be reduced or not present

Routes of Transmission

SARS-CoV-2 primarily spreads from an infected person to others through respiratory aerosols and droplets when an infected person breathes, coughs, sneezes, sings, shouts, or talks. The particles vary in size, from large droplets that fall to the ground rapidly (within seconds or minutes), to aerosols which linger in the air for hours and can travel long distances. Infectious droplets or aerosols may come into direct contact with the mucous membranes of a person's nose, mouth or eyes, or they may be inhaled. Improving ventilation will decrease the concentration of aerosols that may be suspended in the air. In addition to facility HVAC systems at PHC, filtration is further improved by the use of air handling units (AHUs) with HEPA filters. These units will be placed upon requests by IPAC.

Assessment and Intervention

Risk Reduction Infection Prevention and Control measures for COVID-19 in LTC

Additional Precautions: Based on your point of care risk assessment, in addition to Routine Practices, [Airborne, Droplet and Contact Precautions](#) will be initiated on all residents with suspected or confirmed COVID-19. PowerChart will auto-trigger Droplet & Contact precautions for all COVID-19 PCR tests the most responsible nurse will ensure Additional Precautions are ordered in Cerner (for example: add an order for airborne isolation) and post the appropriate sign on the door (i.e., Airborne, Droplet and Contact). Airborne, Droplet and Contact interventions include the resident not participating in group activities and having meals within their room.

Hand hygiene: Hands should be cleaned before and after every patient contact, as well as after touching potentially contaminated items in the environment. Using an alcohol-based hand rub solution is preferred if hands are not visibly soiled.

Respiratory Etiquette: Respiratory etiquette should be encouraged for all residents who have signs and symptoms of an acute respiratory infection. This should include:

- Wearing a mask when in common areas (e.g., in hallways and dining rooms).
- Using tissues to contain respiratory secretions and disposing used tissues promptly.
- Coughing or sneezing into the upper sleeve/elbow if a tissue is not available.

Maintaining a spatial distance of two meters from other residents.

Equipment: Dedicate equipment whenever possible. Clean and disinfect shared equipment routinely and between different residents.

Visitors: Staff should instruct visitors to perform diligent hand hygiene with ABHR or soap and water before and after resident visit. Assist visitors to wear PPE as well as a non-fitted N95 respirator if they want one (instead of a surgical mask). Gown and gloves are not required, unless they are providing [direct care](#).

Guidance for Residents with Symptoms of, Exposure to, or Positive with COVID-19

COVID-19 Status	Additional Precautions	Testing	Discontinuation of Additional Precautions Criteria
Resident has symptoms of COVID-19, diagnostic test pending	Airborne, Droplet and Contact precautions	<p>PCR:</p> <p>Collect a PCR for all symptomatic residents, include order for influenza during VRI season*.</p> <p>Complete Line list and send to IPAC</p> <p>*VRI season – officially communicated by the Provincial Health Officer</p>	<p>If Resident test is:</p> <ul style="list-style-type: none"> • <u>Positive</u> for COVID-19 Follow <u>positive for COVID-19, confirmed</u>, below. • <u>Negative</u> for COVID-19 Maintain Droplet and Contact precautions and discontinue airborne precautions, until the resident has no symptoms or an alternate diagnosis. • <u>Indeterminate</u> for COVID-19 Maintain Airborne, droplet and contact precautions and repeat the PCR test 24 hours after the first. If the result is: <ul style="list-style-type: none"> ○ Positive: follow - Positive for COVID-19, confirmed. ○ Indeterminate: Consult IPAC next business day ○ Negative: treat as negative. • <u>Positive for influenza or another respiratory virus</u> Follow the guidance PHC Disease and Conditions Table guidance.
Positive for COVID-19, confirmed.	Airborne, Droplet and Contact precautions	No additional testing required.	<ul style="list-style-type: none"> • 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer (e.g., back to baseline) • If the resident has no symptoms discontinue at 7 days from positive test date. <p>Note: If a resident is severely immunocompromised, please alert IPAC</p>

Exposed to COVID19, not confirmed positive, e.g., Roommate. Discuss other close contacts with IPAC	Airborne, Droplet and Contact precautions	<p>Symptomatic: Test by PCR</p> <p>No Symptoms present: Test by PCR 5 days after the first resident in the room tests positive for COVID-19</p> <p>In cases when bed moves are possible, discuss with IPAC – Day 0 asymptomatic PCR testing can be considered</p>	<p>If PCR negative at 5 days and the room:</p> <ul style="list-style-type: none"> - <u>No longer has a COVID positive resident present</u>, clear all remaining residents. - <u>Has only one COVID positive resident</u>, clear other roommates along with the positive COVID+ resident when they meet discontinuation criteria. - If there are multiple resident cases in one room or residents are restricted for longer than 10 days in one room, please contact IPAC for assessment
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Additional considerations – for COVID-19 positive and exposed residents

- Monitor symptoms or all positive and exposed residents daily.
- MRP or on call physician should be informed when a resident tests positive for COVID-19 to assess for eligibility for [treatment](#).
- New or returning admissions to rooms with Positive or exposed residents is not recommended by IPAC, contact IPAC for advice when this is required.
- All rooms with positive or exposed resident will have an Air handling unit installed – Directed by IPAC.
- IPAC will review the need and direct additional cleaning as appropriate.
- Consider [safety plans](#) for residents that are positive or exposed.

COVID-19 Safety Plan for Residents with Difficulty Isolating

- Offer, as tolerated by the resident, a medical mask when the resident leaves the room.
- Encourage frequent handwashing.
- Liaise with IPAC for Air Handling Unit (AHU) placement.
- Create a plan of care for the resident, considering alternative spaces they can access safely, in room activities or consider 1:1 care.
- Consult recreation therapy for in room activities where appropriate.

Specific COVID-19 Cluster or Outbreak Considerations

When new cases of COVID-19 are identified, individual-level measures are implemented to reduce the risk of spread within the facility. IPAC will assess if additional measures are warranted. The

assessment considers multiple factors, including clinical vulnerability of residents on the affected units, unit layout, staffing levels, number of cases, the rate of increase in cases, severity of illness, and vaccination coverage.

IPAC will meet with LTC facility leadership to assess the situation and determine if additional measures are warranted.

Additional measures can include:

- Restricting meals to resident rooms for an entire neighborhood, floor or home
- Cancelling group activities, and
- Cohorting of staff.

COVID-19 outbreaks in a LTC facility are declared as an escalation measure when it is deemed that extraordinary measures (i.e., limiting visitations, and restricting admissions/transfers) are needed.

Group Activity Restrictions

IPAC and LTC leadership will find a balance between restricting activities to control the spread of infection, and providing therapeutic opportunities for ambulation, physical, and social activities. Previously scheduled events (e.g. holiday communal events), may need to be rescheduled.

New admissions to LTC

New Resident Admission or Transfer from Acute

- Complete screening form in Momentum Care Organizer.
- Assess for symptoms of COVID-19 and follow table above for guidance.

New Resident Admission with known Positive COVID-19 Status

If the resident in acute care tests positive prior to transfer, gather information to determine if resident can be safely accommodated:

- Notify Resident Care Manager and IPAC of incoming resident with a COVID-19 positive status for additional support in decision making.
- Is there a private room available? Or a room with other COVID-19 positive residents, or recently recovered residents? Contact IPAC for guidance around cohorting residents.
- Note COVID-19 PCR positivity is not in itself a contraindication for transfer. The transfer can occur with appropriate precautions.
- Reassess when the resident is at the LTC site and follow guidance in table above.

Visitors to Long Term Care

Visitation in LTC is no longer restricted by COVID-19 guidance.

- Signage will be at all entrances, as passive screening, reminding all people that enter the building to stay home if sick.
- Hand hygiene for all visitors is encouraged.
- Masks will be available in the entrance way for visitors to use if they wish.
- PPE and guidance will be available to visitors if recommended by a health care professional. • Capacity restrictions are decided by home leadership.
- During an outbreak the MHO may implement partial or full restrictions on visits/visitation

Staff Experiencing Viral Respiratory Symptoms (VRI)

Follow current Occupational health and Safety guidance on the PHC intranet:

<https://connect.phcnet.ca/covid-19>

Resident and Family Education

- Instruct resident on appropriate respiratory etiquette and hand hygiene.
- Explain why you are monitoring symptoms.
- Explain precautions to resident/family as necessary and provide the [COVID-19/Coronavirus Patient and Family Brochure](#)

Related Documents

- [B-00-07-13028](#) - Airborne Precautions - Infection Control
- [B-00-07-13079](#) - Droplet and Contact Precautions - Infection Control
- [B-00-07-13017](#) - Influenza-Like Illness (ILI) – Specimen Collection: Nasopharyngeal Swabs (NPS)
- [B-00-12-13001](#) - COVID-19 PCR Testing: Collection of Alternative Samples
- [B-00-13-13001](#) - Viral Respiratory Infections Cluster or Outbreak Management Protocol
- BC Center for Disease Control (BCCDC) Close Contacts and Contact Tracing
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation/close-contacts>
- BC Center for Disease Control (BCCDC) Long-term Care Facilities & Assisted Living
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-termcarefacilities-assisted-living>
- BC Center for Disease Control (BCCDC) COVID-19 Outbreak Management Protocol for Long-Term Care and Seniors' Assisted Living Settings
http://www.bccdc.ca/HealthProfessionalsSite/Documents/COVID-19_Provincial_Outbreak_Management_Protocol_LTC.pdf
- BC Center for Disease Control (BCCDC) Point of Care Risk Assessment
http://www.bccdc.ca/HealthProfessionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf

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- BC Center for Disease Control (BCCDC) Overview of Visitors in Long-term Care and Seniors Assisted Living http://www.bccdc.ca/Health-Info-Site/Documents/Visitors_LongTerm_Care_Seniors_Assisted_Living.pdf
- BC Center for Disease Control (BCCDC) COVID-19 Ethics Analysis: Intervening when people pose a risk of COVID-19 transmission to others & clarification of consent requirements for COVID-19 testing: [COVID-19 Ethical Decision Making Framework Nov 2020 \(bccdc.ca\)](https://www.bccdc.ca/COVID-19-Ethical-Decision-Making-Framework-Nov-2020)
- Provincial Infection Control Network (PICNet) Viral Respiratory Illness Outbreak Guidelines for Acute Care Settings in British Columbia (2024)

References

1. Bays, Whiteley, Pindar, Taylor, Walker, Williams, Finnie & Gent (2021). Mitigating isolation: The use of Rapid Antigen Testing to reduce the impact of self-isolation periods <https://www.medrxiv.org/content/10.1101/2021.12.23.21268326v1.full.pdf>
2. Centers for Disease Control and Prevention. (2021). Scientific Brief: SARS-CoV-2 Transmission. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>
3. National Institute of Infectious Diseases, Disease Control and Prevention Center, National Center for Global Health and Medicine, (2022). Japan: <https://www.niid.go.jp/niid/en/2019-ncove/10884covid19-66-en.html>
4. Hay, James, Kissler, Fauver, Mack, Tai et al, 2022. Viral dynamics and duration of PCR positivity of the SARS-CoV-2 Omicron variant <https://dash.harvard.edu/handle/1/37370587>
5. Wang, C. C., Prather, K. A., Sznitman, J., Jimenez, J. L., Lakdawala, S. S., Tufekci, Z., & Marr, L. C. (2021). Airborne transmission of respiratory viruses. *Science*, 373(6558), eabd9149. <https://doi.org/10.1126/science.abd9149>
6. World Health Organization (WHO). Transmission of SARS-CoV-2: Implications for infection prevention precautions (2020). Retrieved from: <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

Definitions

- **Close Contact:** Someone you have had close contact without correct PPE greater than 15 minutes or someone that you live with (same household or family members).
- **Coronaviruses:** are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV).
- **COVID-19:** COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus, SARS-CoV-2, and disease were unknown before the outbreak began in Wuhan, China, in December 2019.



- **PCR:** Polymerase chain reaction – a molecular test for COVID-19 via a nasopharyngeal swab sent to the Laboratory.
- **Immunocompromised:** patients are those on chemotherapy for cancer; within one year of hematopoietic stem cell or solid organ transplant; untreated HIV infection with CD4 T lymphocyte count less than 200 cells/mm³; combined primary immunodeficiency disorder; on prednisone more than 20 mg/day for more than 14 days; on immunosuppressive biologics such as mycophenolate, sirolimus, cyclosporine, tacrolimus, etanercept or rituximab.
- **Direct care:** includes providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

Appendices

- [Appendix A:](#) COVID-19 Symptom Assessment in LTC
- [Appendix B:](#) COVID-19 Line List

Appendix A – COVID 19 Long Term Care Symptom Assessment Documentation (FormFast ID 8625/NF903)

**LONG TERM CARE
COVID-19 SYMPTOMS ASSESSMENT**

Place Patient Form Label Here

Nursing Assessment

Patient/resident is showing the following symptoms:

Assessment date:																				
Time:																				
NONE																				
Fever																				
Cough																				
Shortness of breath or chest heaviness																				
Body aches or muscle pain																				
Headache																				
Runny nose																				
Sore throat																				
Fatigue/malaise																				
Loss of appetite																				
Nausea/vomiting																				
Diarrhea																				
Abdominal pain																				
Loss of smell																				
Change in behaviour, delirium / confusion																				
Dizziness / ↑ falls frequency																				
Is there a household member with any symptoms of COVID-19? (Y/N)																				
Is patient's support person asymptomatic? (Y/N)																				
MRP notified of new symptoms																				
Initials:																				

Report any new symptoms to MRP immediately. Document additional assessment information and interventions in Interdisciplinary or Nurses Notes.

Comments - Support person:

Appendix B: COVID-19 Line List –

Available on the [IPAC website](#) >> Outbreak Section >> VRI Outbreak



Providence Health Care
Infection Prevention & Control

Viral Respiratory Illness (VRI) Line List – Patients/Residents

PHC Facility: _____ Unit: _____ Telephone: _____ Date: _____												
Email this sheet to: PHC Infection Prevention and Control – PHCINFC@providencehealth.bc.ca Include only Patients/Residents with NEW symptoms.												
PATIENT INFORMATION		SIGNS & SYMPTOMS		CLINICAL SYMPTOMS (✓ if symptoms present)							SPECIMEN	
NAME (Attach Chart Label below)	Add RM #	Onset (Date & Time)	Resolved (Date)	Cough	Fever (>38c)	Muscle aches	Fatigue / Weakness	Headach	Sore throat	Other (Specify *See below*	Date Obtained	Results (+/-)
CHART LABEL												
CHART LABEL												
CHART LABEL												
CHART LABEL												
CHART LABEL												

Other symptoms: SOB, rhinitis, loss of smell, loss of appetite, nausea/vomiting, diarrhea, chills, new/worse confusion, bed seeking behavior, new falls

Date Updated: November 9, 2023

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Groups/Persons Consulted:

Long Term Care Practice Leads

Developed/Revised By:

IPAC

First Released Date:	28-JAN-2022
Posted Date:	26-FEB-2024
Last Revised:	26-FEB-2024
Last Reviewed:	26-FEB-2024
Approved By: <i>(committee or position)</i>	PHC
	Infection Prevention and Control Professional Practice Standards Committee
Owners: <i>(optional)</i>	PHC
	IPAC