

## WEBINAR Q and A

# COVID-19 FAQ for Long Term Care and Retirement Homes

06/09/2020

## Introduction

Public Health Ontario held a series of webinars between April 15 and 28, 2020 to help those working in Long Term Care and Retirement Homes prepare for and respond to COVID-19. This document responds to the questions asked by participants during the webinar.

## Questions and Answers

### Outpatient/Emergency Department (ED) Resident Visits

**Q1. What are your recommendations for residents on dialysis who need to leave the home for outpatient visits? What about having an ED visit or going to an outpatient laboratory for a blood test?**

The Ministry's [COVID-19 Outbreak Guidance for Long-Term Care Homes \(LTCH\)](#) states: "For residents that leave the home for an essential out-patient visit, the home must provide a surgical/procedure mask for the resident. If tolerated the mask must be worn while out of the home and the resident should be screened for signs and symptoms of COVID-19 upon their return."<sup>1</sup> The resident should perform hand hygiene upon return to the home from their visit.

The resident does not need to be isolated for 14 days or be put on Droplet/Contact Precautions. There are no additional actions needed such as washing the resident or their clothing. Continue to screen the resident for signs and symptoms of COVID-19, including a temperature check, twice daily, as for all residents.

### Extended Wear or Reuse of PPE

**Q2. What does extended use/reuse of PPE mean?**

Most personal protective equipment (PPE) is designed for single use, but in situations where supply is limited, extended use (continued use between patients without doffing when providing care to patients infected with the same pathogen) and reuse may be considered.

The following are some key points to consider:

- PPE designed for reuse (e.g. washable gowns, goggles) is a safe alternative to single-use PPE. Cleaning and disinfection of the product must follow the manufacturer's instructions for use.

- Expired stockpiles of single-use PPE (e.g. masks, N95 respirators), if available and intact, are preferable to decontaminating single-use PPE.

For further information, please refer to Public Health Ontario's COVID-19 – [What We Know So Far About...Reuse of Personal Protective Equipment<sup>2</sup>](#) and the Ministry's [Guidance for mask use in long-term care homes and retirement homes.<sup>3</sup>](#)

## PPE for Nasopharyngeal (NP) Swabs

### **Q3. Do I have to wear a N95 respirator when performing a nasopharyngeal swab for a resident that has symptoms of COVID-19?**

Performing an NP swab is not considered an AGMP,<sup>1</sup> therefore the use of an N95 respirator is not indicated. The resident would be on Droplet/Contact Precautions, therefore you would be wearing a surgical/procedure mask, eye protection (goggles or face shield), isolation gown, and gloves.

## Fabric Masks

### **Q4. Can health care settings accept and use homemade PPE?**

In Canada, PPE are classified as Medical Devices and are regulated accordingly. Currently the use of homemade PPE (including masks) for healthcare workers is not recommended as this equipment has not been tested for compliance with requirements for PPE and may not protect the user from infection in the event of exposure. Masks of any kind are not typically recommended for residents while in the home, and residents have not been included in the Ministry recommendations for universal masking.<sup>4</sup>

## Dining Rooms and Physical Distancing

### **Q5. To do meal trays at our large home would be very challenging, can residents still use the dining room?**

If resources permit, provide in-room tray service during outbreaks. In homes where communal dining must continue, regardless of outbreak status, the home must develop dining shifts and maintain physical distancing (>2 metres) in the dining room to reduce potential exposures.<sup>1</sup> The dining room should be cleaned between sittings and, as appropriate, during dining shifts.<sup>1</sup> Gatherings within the home between residents in common areas should be reviewed to discourage congregation and activities where physical distancing is difficult to maintain.

## Visitors/External Healthcare Agencies

### **Q6. Who is considered an essential visitor and what happens if they fail screening?**

Essential visitors include those who are visiting a resident who is very ill or requiring end-of-life care, or those performing essential services critical to maintaining the health of residents (e.g. laboratory worker, physiotherapy).<sup>1</sup> Personal services such as hairdressing or esthetics would not be considered essential. Essential visitors must be screened on entry for symptoms of COVID-19, including temperature checks. They must also attest to not be experiencing any of the typical and atypical symptoms. Only one essential visitor is allowed per resident at a time. If an essential visitor fails screening, they would not be permitted to enter the home and must go home and self-isolate per Ministry guidance<sup>1</sup> and Directive #3.<sup>5</sup>

## Couples

### **Q7. Can spouses still share a room if one of them is symptomatic?**

Residents who have COVID-19 symptoms are recommended to be moved to a private/single room where possible. If the individual has a roommate and it is not possible for them to be moved, roommates should be separated by a temporary partition (such as a screen or curtain) and the frequency of cleaning and disinfection of any shared high touch surfaces increased.<sup>1</sup> Management of roommates should be discussed with the local Public Health Unit (PHU). This would also apply to spouses sharing the same room.

## Staffing

### **Q8. I am a health care worker and work part-time in two Long-Term Care Homes (LTCH). What impact will a COVID-19 outbreak have on my work?**

The Ontario government has regulated that LTCH and Retirement Home (RH) staff may not work in more than one facility or home. [Directives, Memorandums and Other Resources](#) are routinely updated by the Ministry of Health and can be consulted to address staff working arrangements.

### **Q9. If a staff member goes to ED due to an emergency and is not admitted, are they able to come back to work the next day or do they need to self-isolate? What if they were admitted or had surgery?**

Currently there is no guidance recommending that health care workers who go to the hospital for non-COVID related medical assessment and treatment need to self-isolate or stay home from work. They should be following the instructions of their healthcare provider in terms of when it is safe to return to work and should continue to self-monitor.

## References

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2. Ontario Agency for Health Protection and Promotion (Public health Ontario). COVID-19 – What we know so far about... reuse of personal protective equipment [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2020 [cited 2020 Apr 29]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/what-we-know-reuse-of-personal-protective-equipment.pdf?la=fr>
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5. Williams C, Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19: Directive #3 for long-term care homes under the *Long-Term Care Homes Act, 2007* [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2020 [modified 2020 Apr 15; cited 2020 Apr 29]. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH\\_HPPA.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf)

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