



Eastern Health

MEMORANDUM

TO: LTC, CSP, CCH and Acute Care Managers and Clinical Staff

FROM: Loretta Cornick, Regional Manager, Placement Services Long Term Care

RE: Guidelines for Admission to Long Term Care, Personal Care Homes and Community Care Homes

DATE: April 17, 2020

The residential care sector is critical to the health care system and must function safely and effectively to manage client flow and support appropriate care for residents.

Residential care homes provide care and accommodations to people with significant frailty or underlying medical conditions that put them at increased risk of complications from COVID-19 infection. Older adults may have atypical symptoms and there is emerging evidence that pre-symptomatic and/or asymptomatic people may have some ability to spread the disease.

Numerous residential care homes across the country have reported outbreaks. The following guidelines are being implemented **immediately** to support a safe and effective admission process and help manage client flow.

Guidelines

1. **All routine admissions should be put on hold.** A Home First approach is more important now than ever. Every effort should be made to support clients at home and to support discharge to the individual's home from hospital. To determine the ability to delay admission, case managers should discuss with clients and families the urgency of the admission request. Applicants who agree to pause admission can maintain their position on the waitlist to the greatest extent possible, with consideration to waitlist policies and urgency of need of other individuals on the waitlist.
2. **Admissions for respite should only be approved in the most extenuating circumstances.** Some examples of extenuating circumstances are; where there is an unexpected absence of the primary caregiver and no other community based alternative is

available or if there are significant adult protection concerns that cannot be addressed elsewhere.

3. All persons considered for residential placement must be screened and tested.

- All clients are screened for risk of COVID-19 immediately prior to placement. The **Admission to Residential Care Coronavirus Screening Tool** must be used.
- All clients will be swabbed for COVID-19 within 24 hours prior to admission. The client will remain in their current setting pending the outcome of the test.
 - If the test is negative, an isolation period is required for 14 days. The isolation period can be completed at the current setting or at their home if the home can accommodate the isolation. Unless otherwise identified by public health, one negative test is the requirement for placement.
 - If the test is positive, placement does not occur until symptoms have resolved or at the advice of Medical Officer of Health or Public Health and the required isolation period is complete.

4. All new admissions or re-admissions from acute care should be isolated for 14 days either in the current setting or at the residential care home upon admission. The home receiving the resident must have suitable space for isolation:

- Residents and families must be notified in advance of the requirement for isolation.
- A private room and private bathroom is the preferred space for isolation.
- In extenuating circumstances, if a private space is not available and the person cannot complete isolation in another setting (person's private residence or acute care) and admission is urgent, placement may occur into a shared room where a 2 meter distance can be maintained. If the bathroom is shared, it must be cleaned by staff each time it is used by the resident in isolation.
- A resident sharing the room with the resident requiring isolation must be notified that their roommate is required to isolate and must be informed of any potential risk. Where a resident lacks capacity, the resident's substitute decision maker is notified. If the resident or substitute decision maker does not agree to co-reside with the resident requiring isolation, placement does not occur.
- Residents identified as high-risk contacts (as defined by public health) must be isolated in a private room with access to a private bathroom.
- In the event that effective isolation of a resident with diminished capacity cannot be achieved through behaviour supports, constant care must be provided.
- Where clients are being placed in a Personal Care Home or Community Care Home, the client is screened for their ability to self-isolate. This includes the client's ability to understand and agree to self-isolation. The client may have some reduced capacity, however is assessed to have the ability to comply with self-isolation guidelines.
- Residential Care Home staff wear Personal Protective Equipment when interacting with the resident in isolation. The home makes every effort to minimize the number of different staff providing care to the resident.

5. **Residents who attend medical appointments outside the home, including appointments in acute care or dialysis, or residents who attend the emergency department do not need to be tested or placed in isolation upon return to the home.** Infection prevention and control procedures are followed during the medical appointment/emergency department visit. Appropriate personal protective equipment is worn by the resident and their escort (if applicable) while attending medical appointments outside the Residential Care Home. Where a resident is transported to the emergency department, the home must advise the emergency department prior to the visit. The emergency department shall make every effort to minimize the number of persons the resident comes into contact with.

6. **All staff are screened at the beginning of their shift according to the sector specific screening tool.**