

# Schedule “A”

## COVID-19 Management in Long Term Care Facilities

Directive Under the Authority of the  
Chief Medical Officer of Health

April 6, 2020

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## 1.0 Introduction

The goal of COVID-19 Management in Long-term Care Facilities (LTCF) is to, as much as possible, prevent the introduction of the virus into facility and/or prevent transmission to residents and staff within the facility.

All health care workers must follow the Public Health Order issued by the Chief Medical Officer of Health (CMOH), dated March 24, 2020, and any direction arising from that Order and directives given under the authority of the Health Protection Act (HPA).

This document provides direction to health care workers (HCWs) for the prevention and control of novel coronavirus (COVID-19) in LTCFs. The foundational documents used in the development of this guidance include the [2019-2020 Guide to Influenza Like Illness and Influenza Outbreak Control for LTCFs](#) and [Coronavirus Disease 2019 Infection Prevention and Control Guidelines for Long Term Care Settings](#).

This directive is based on the latest available scientific evidence about this emerging disease and may change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at <https://www.phac-aspc.gc.ca/>.

This directive applies to all LTCFs (Nursing Homes and Residential Care Facilities) licensed under the Department of Health and Wellness.

This directive uses the term **resident** to include clients residing in a Long Term Care Facility, and meeting the eligibility criteria as outlined in the Service Eligibility policy [https://novascotia.ca/dhw/ccs/policies/policyManual/Service\\_Eligibility\\_Policy.pdf](https://novascotia.ca/dhw/ccs/policies/policyManual/Service_Eligibility_Policy.pdf)

This directive uses the term **staff** to include compensated employees of licensed and funded long term care facilities. Employees fulfill various functions within LTCFs, such as but not limited to: direct care, support services, and administration.

This directive uses the term **essential visitors** to include health care workers not employed by the service provider, such as but not limited to:  
Paramedics, occupational therapists, physiotherapists, primary care providers and oxygen therapists.

**Essential visitors** will also include support service vendors such as but not limited to: Canada Post, supply deliveries, IT, regulator authorities (Office of the Fire Marshal, Nova Scotia Environment, Licensing).

## 2.0 Preventing the introduction of COVID-19 into the LTCF

### 2.1 Screening, Monitoring and Active Surveillance

- Active screening of all **staff, essential visitors** and anyone else entering the facility:
  - Document active daily symptom screening of all staff (including temperature checks once per shift, at the beginning of shift) and if they become symptomatic in the workplace, individuals are to immediately go home to isolate. A template document is found here:  
<https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>
  - A summary of daily staff monitoring must be sent to local Public Health using the surveillance reporting tool included in [Appendix A](#).
  - Occupational health questions can be referred to: 1-833-750-0632
  
- Active screening of all **residents**:
  - Document active screening (at least daily, and twice per day if operationally feasible, including temperature checks) for early identification of any resident with **fever** or symptoms compatible with COVID-19 (such as **new cough or exacerbation of chronic cough, difficulty breathing/shortness of breath**) that should prompt management of the residents, and consideration of testing for COVID-19. A template document is found here:  
<https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>
  - A summary of daily resident monitoring must be sent to local Public Health using the surveillance reporting tool included in Appendix A.

### 2.2 New Admissions and Re-admissions

For information about admissions and transfers of residents during a COVID-19 outbreak, refer to [Section 4.4](#)

**New admissions and re-admissions** must be screened for symptoms and potential exposure to COVID-19.

- Prior to a resident returning from a healthcare facility, the LTCF must determine if the resident has been suspected, tested, or diagnosed for COVID-19 and if so, what measures may be required.
- All new admissions must complete a period of 14 days self-isolation within the LTC facility, unless otherwise determined by Public Health. Resident placement within the facility will be determined in consultation with Public Health and will depend on the resident's status with respect to COVID-19 and ILI/COVID-19 status of the facility.
- For greater clarity, the Order by the Medical Officer of Health (March 24, 2020) does not prevent the:

- discharge of a COVID-19 patient from a hospital to a long-term care or residential care facility.
- transfer of a COVID-19 patient from community to a long-term care or residential care facility; or
- return of a COVID-19 patient who has left a long-term care or residential care facility for healthcare services back to that facility after receiving treatment at a hospital.

### **2.3 Managing Essential Visitors**

As LTCFs are now closed to visitors, accommodation should only be considered for essential visitors who are visiting very ill or palliative residents (compassionate exception), or those who are performing essential support care services for the resident (i.e., similar to a personal support worker). If an essential visitor is traveling from out of province, they need to contact local Public Health to discuss if an exemption to the requirement to self-isolate may be granted and instructions on how to self-isolate for remainder of time in Nova Scotia.

- Essential visitors must be limited to one person at a time for a resident (compassionate exceptions to be considered on a case by case basis)
- Essential visitors must be screened on entry for illness including temperature checks
- Essential visitors must only visit the one resident and no other residents
- Staff must support the essential visitor in identifying and appropriately using personal protective equipment (PPE) when required

### **2.4 Social Distancing**

**As per the Order by the Medical Officer of Health (March 24, 2020):**

- All efforts to maintain social distancing must be made. Examples of social distancing include, but are not limited to; staggering meal times, maintaining physical distance of two metres or six feet, limiting group activities to less than 5 people total inclusive of staff supporting activity.
- Staff while working within the facility providing resident care are exempt from social distancing requirements.

### **2.5 Environmental Management**

- Enhanced environmental cleaning and disinfection regimens are required. This includes frequent (twice daily) cleaning and disinfection of high-touch surfaces.
- Hospital-grade disinfectants with a drug identification number (DIN) must be used in accordance to the manufacturers' instructions.
- Laundry and waste disposal protocols are as per facility routine practices.

## 2.6 Resident Care Equipment

Any equipment that is shared between residents must be cleaned and disinfected, as per facility routine practices, before use on or by another resident.

## 3.0 Identification of COVID-19

### 3.1 Suspect Influenza Like Illness (ILI) Outbreak

In the context of the pandemic, a **single** case of ILI in a LTCF, in a resident or staff member, meets the definition for a ‘suspect outbreak’ and must prompt outbreak control measures associated with a suspect respiratory infection outbreak.

### 3.2 Notification

- Notification of the following agencies must occur **immediately**:
- Public Health. After hours and on weekends, please notify the MOH on call (through Central Zone Locating - 902-473-2222).
- Placement Office in their area
- Investigation and Compliance (Licensing) office, Continuing Care, DHW by email to the following address: [DHWICO@novascotia.ca](mailto:DHWICO@novascotia.ca)  
Medical Director of facility
- During contact tracing discussions with Public Health, staff must report all facilities they have worked in during the 14 days preceding symptom onset.
- During contact tracing discussions Public Health must be notified of resident transfers during the 14 days preceding symptom onset.

### 3.3 Testing (also see [Appendix A](#))

- Collect samples from up to 3 different symptomatic individuals as soon as ILI is suspected. Refer to Appendix A for detailed instructions for how to collect samples.
- Notify local PH to obtain an outbreak number to be included on lab requisitions and specimens. If for any reason it is not possible to obtain an outbreak number, please clearly indicate “Suspect COVID Outbreak” on the lab requisition.
- In the context of the COVID-19 pandemic, all cases of ILI illness in staff or residents of a LTC facility must continue to be swabbed and tested for COVID-19 even if another pathogen is identified, to detect any new entry of COVID-19 into the facility.
- While swabbing must continue for all cases of ILI to test specifically for COVID-19, any swabs beyond the first 3 cases will not be tested for Influenza A/B and RSV.
- Upon one positive COVID-19 result, determination of who will be tested will be in consultation with local Public Health. To facilitate prioritization at the lab, samples should be sent as a batch and clearly labelled with the name of the facility in addition to the patient identifiers.

Should the facility have challenges around obtaining testing materials or arranging testing of staff, support is available to assist in testing on site. Contact local Public Health.

## 4.0 Outbreak Control Measures

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Use the measures outlined below **as soon as** a resident or staff exhibits COVID-19 symptoms. Implement additional precautions upon symptom onset and continue using them until advised by Public Health. Do not wait for lab results to begin additional precautions.

## 4.1 Signage

- Signage must be posted at all entrances and exits throughout the facility to advise staff and essential visitors, that an outbreak has been declared in the unit/facility.
- Signage must include instruction for cleaning hands when entering and exiting the facility, reminders that ill visitors must not visit, and that visitor restrictions are in effect e.g. non-essential visits must be postponed

## 4.2 Line Listing

Public Health will support the development of a line list. Update the line list daily and send to Public Health. A template document (residents and staff) can be found here: <https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>. There should be regular communication between the facility and Public Health to monitor the progress of the outbreak.

## 4.3 Cohorting of Staff and Residents

### Residents

For **symptomatic** residents, **asymptomatic lab-confirmed cases** and **their close contacts**, restrict contact as much as possible until the isolation measures can be lifted as per Public Health direction. This includes:

- Placing residents in private rooms, or if that is not possible, placing symptomatic residents/lab-confirmed cases with other symptomatic residents/lab-confirmed cases. If this is not possible, maintain a two-meter distance between residents with ILI/lab-confirmed cases and others. Use of partitions, like curtains, may help.
- Serving meals in the resident's room, or floor/unit/ward.
- Further restricting participation in any group activities.
- Droplet and contact precautions must be used when providing direct care to the resident or when within 2 metres of the resident.
- A sign must be visible on the resident's door or in the resident's bed space that indicates the resident requires droplet and contact precautions. The sign should not disclose the resident's confirmed or suspect diagnosis.
- Wearing a mask when staff or essential visitor is in the room.

For **all** residents:

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- Minimize contact between residents on affected floors/units/wards with unaffected areas.
- Remind patients/residents to wash hands thoroughly and immediately report any symptoms.
- Cancel or reschedule appointments that do not risk the health or well-being of the resident until the outbreak is declared over.
- Reinforce hand hygiene and respiratory hygiene practices.

## **Staff**

- Cohort staff as strictly as possible e.g. staff working with symptomatic residents must avoid working with residents who are well.
- Practice strict hand hygiene between residents at all times.
- Whether staff can work between outbreak and non-outbreak facilities will be at the determination of Public Health.

### *In general:*

- Staff from outbreak facilities must not work in non-outbreak facilities.
- However, in the event of critical staff shortages, and under the direction of Public Health, staff from non-outbreak facilities may work in outbreak facilities. They may continue to work in their home facilities. This exception will not apply to those who have been identified as a close contact by Public Health. Staff must confirm at the beginning of each shift that they are afebrile and asymptomatic and are able to self-isolate as soon as symptoms develop.
- Staff who have recovered from COVID-19 may work in all facilities and should be prioritized to work in outbreak facilities.
- If dedicated staff for sick residents is not available, staff must first work with the well/asymptomatic and then move on to care for the ill/symptomatic and avoid movement between floors and units where possible



#### **4.4 During Outbreak: Admissions and Transfers**

- There should be no new admissions, transfers or outside medical appointments during an outbreak; however, this may not always be feasible.
- The return of a hospitalized resident must be discussed with Public Health to consider the resident's past COVID exposure, testing history and disease status. This information will determine if and where within a facility the resident should be placed and the public health measures to be implemented.
- All new admissions must complete a period of 14-day self-isolation within the LTCF, unless otherwise determined by Public Health.

If transfer to the hospital or another facility is necessary, notify the hospital/other facility and Emergency Health Services (EHS) of the outbreak situation. If the resident requiring transfer is symptomatic, EHS should be notified prior to pick-up that the resident will require droplet/contact precautions

#### **4.5 Declaring the Outbreak Over**

The outbreak will be declared over through direction from Public Health.

# Appendix A

## *Important Laboratory Information*

Diagnosis of respiratory viruses depends on the collection of high-quality specimens, their rapid transport to the lab and appropriate storage. See sections below for specific laboratory requirements.

### **Viral Collection Kits**

- Viral collection kits are available at local/regional hospital labs. The preferred swab is nasopharyngeal, however, given limited supplies we have validated an alternative Aptima multi test swab for nares and throat specimen. This swab should NOT be used for nasopharyngeal sampling (NPS).
- The viral collection kits contain two swabs. In addition to the regular swab that was used in the past, the kit contains a smaller caliber, more flexible swab with a flocked head that should make collecting a nasopharyngeal sample easier.
- Throat/nares – Use the Aptima Swab for this collection (see video: <https://vimeo.com/397169241> and collection instructions found in [Appendix B](#)). During this procedure, adhere to contact and droplet precautions.
- Ensure the swab has not expired, as specimens received in expired containers will not be processed.

### **Testing Information**

- Nasopharyngeal or throat/nares swabs for COVID-19 testing should be obtained as soon as a respiratory outbreak is suspected in patients that satisfy the screening criteria or are contacts of confirmed cases of COVID-19. Residents who initially test negative but develop worsening symptoms should have swabs repeated.
- If residents present with new ILI after the outbreak has ended, repeat testing is appropriate.
- Ensure the lab specimen and the requisition indicates the name of the facility involved and the outbreak number from Public Health. If an outbreak number is not available, clearly indicate “Suspect COVID outbreak” on the requisition.
- You must notify the local PH office whenever there is a possible outbreak; do NOT delay notifying PH while awaiting the results of swabs. Ensure your lab requisition indicates the “Name of Facility”, “Suspect COVID Outbreak” and “Public Health Outbreak Number” if provided by Public Health.
- COVID testing services are available at the QE II Health Sciences Centre (QEII).
- Outbreaks in LTC should be communicated with the laboratory and Public Health, and the swabs be shipped as soon as possible.

## **Specimen Collection and Handling**

Appropriate specimen types common in LTCFs:

- Nasopharyngeal swab
  - The procedure for obtaining a nasopharyngeal swab is the same as for routine ILI swabs. The exception is that during this procedure you must adhere to contact and droplet procedures.
  - An instructional video is available at: <https://www.youtube.com/watch?v=TFwSefezIHU>.
- Throat/nares swab
  - An instructional video is available at: <https://vimeo.com/397169241>.
  - Collection instructions found in [Appendix B](#).

### **Labeling of Specimens:**

- Ensure specimen label (and requisition) includes two unique identifiers. One identifier must be the resident's legal name along with the date of birth and the other can be the provincial health card number/ registered health card equivalent, medical record number, passport number or private insurance policy number.
- Ensure specimen container has not expired. Specimens in expired containers will not be processed by the lab.

### **Filling in the Requisition – Complete All Parts and Add the Following:**

- Ensure specimen requisition (and label) also includes the same two unique identifiers.
- Ensure the collection date & time are indicated.
- Indicate that the test is for COVID 19 (tests for influenza will be at the discretion of Public Health).
- Indicate if the specimen is part of an outbreak. Write “Name of Facility”, “Suspect COVID Outbreak” and “Public Health Outbreak Number” if provided by PH.
- Ask results to be copied to the MOH and to the resident's family physician and/or medical director.

### **Shipping Specimens:**

- Specimens must be collected and transported to the QEII laboratory or the local/regional hospital laboratory as soon as possible and within 24 hours.
- Specimens must remain at 4°C and be shipped as soon as possible.


### **COVID Result Inquiry:**

- Results for COVID testing should be available from 24 hours after receipt of the specimen in the QEII laboratory.
- All results should be available in SHARE portal.
- QEII laboratory testing site: Central Lab Reporting 902-473-2266.

# Appendix B

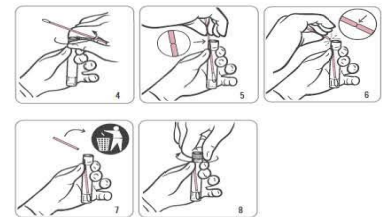
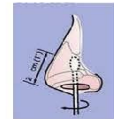


During limited supply of Viral Transport Media for Nasopharyngeal collections, the following alternate instructions for the collection of Throat and Nares with the Aptima® Multitest Swab Specimen Collection Kit.

INSTRUCTIONS FOR THE ALTERNATE COLLECTION OF A THROAT AND NARES SWABS FOR COVID-19				
Container		Specimen Source	Store Before Collection	Store After Collection
Aptima® Multitest Swab Specimen Collection Kit		<p>Throat and Nares to be collected from the single swab.</p> <p><b>DO NOT USE this swab for Nasopharyngeal collection</b></p>	Room Temperature	Refrigerate

**HOW TO COLLECT THE SAMPLE (see [video link](#))**

1. Explain the procedure to the patient.
2. When collecting the specimen, wear eye protection, gloves, and a mask. Change gloves and wash your hands between each patient. Partially open the swab package and remove the swab. Do not touch the soft tip or lay the swab down. Have the patient tilt their head backwards, open their mouth, and stick out their tongue. Use a tongue depressor to hold the tongue in place.
3. Hold the swab, placing the thumb and forefinger in the middle of the shaft covering the black score line. Do not hold the shaft below the score line.
4. Without touching the sides of the mouth or tongue, use the swab to swab the posterior **oropharynx**. Using the same swab ask the patient to tilt his/her head back. Insert the swab approximately **1-2 cm into each nostril**. Rotate the swab inside of the nostril for 3 seconds, covering all surfaces.
5. While holding the swab in your hand, unscrew the tube cap (foil top). Do not spill the tube contents. Immediately place the swab into the transport tube so the black score line with the top edge of the tube and carefully break the shaft. The swab will drop to the bottom of the vial. **DO NOT FORCE THE SWAB THROUGH OR DO NOT PUNCTURE THE FOIL CAP.**
6. Discard the top portion of the shaft. Tightly screw the cap onto the tube.
7. Refrigerate immediately.
8. Remove gloves and wash hands.
10. Attach completed requisition and transport to the laboratory.



**MAKE SURE THE SPECIMEN LABEL INCLUDES**

- Patient's legal name and date of birth
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection

**MAKE SURE THE REQUISITION FORM INCLUDES**

- Patient's legal name and date of birth
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection
- Physicians full name, address and physician registration number

**Note: If the specimen and requisition are not labelled correctly, the specimen will not be processed.**

**DELIVER THE SPECIMEN** - Deliver sample(s) to the local laboratory.

