



CORONAVIRUS DISEASE 2019 (COVID-19): INFECTION PREVENTION & CONTROL GUIDELINES FOR LONG-TERM CARE SETTINGS

NSHA INFECTION PREVENTION AND CONTROL
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Infection Prevention & Control Guidelines for Long-Term Care Settings

Respiratory infection outbreaks occur in long-term care (LTC) facilities throughout the year, but are more common during the winter months. The novel coronavirus, SARS-CoV-2, which is the cause of coronavirus disease 2019 (COVID-2019), may be introduced into a LTC facility in Nova Scotia.

The residents in LTC settings are likely to be older, frailer, and have chronic conditions that weaken their immune systems or impair their ability to clear secretions from their lungs and airways. Residents of any group facility are also at risk because respiratory pathogens are more easily transmitted in an institutional environment.

LTC facilities in Nova Scotia prepare for managing respiratory illness and outbreaks (e.g. ILI and influenza) annually. Guidelines such as [2019-2020 Guide to Influenza-Like Illness and Influenza Outbreak Control for Long-Term Care Facilities](#) provide detailed relevant outbreak measures.

The guidance in this document was prepared to complement preparedness and management plans currently in place within the long-term setting, with a specific focus on infection prevention and control management for COVID-19. It is expected to change over time as new information becomes available. This guidance is superseded by directives from the province as authorized by the Homes for Special Care Act (HSCA) and Regulations. This guidance is expected to change over time as new information becomes available.

General Guidance for LTC Settings

- LTC facilities should take active measures to prevent visitors who have or are at risk of having COVID-19 from visiting the LTC facility.
- The LTC facility will ensure that an employee health policy or directive is in place to send employees home if symptoms develop while at work. Follow guidance from the Office of the Chief Medical Officer of Health.
- Staff, other caregivers, and volunteers with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTC facility.
- Staff who test positive for COVID-19 must follow facility policy and direction of Public Health.
- Testing for COVID-19 will follow direction of the Medical Officer of Health
- LTC staff will follow Routine Practices as well as Droplet and Contact Precautions when within 2 metres/6 feet of all residents or their environment, with or under investigation for COVID-19.
- Education and training sessions for managing acute respiratory illness including routine practices, hand hygiene, additional precautions, and proper use of personal protective equipment should be conducted regularly and as required.

Screening and Triage

LTC facilities will conduct passive and active screening of visitors, staff, volunteers, and residents. The number of entry points to the facility should be limited in number and set up to perform active screening. As part of routine measures during the respiratory season, respiratory/cough etiquette signage that reminds residents and visitors to perform hand hygiene, sneeze/cough into their elbow or tissue, wear a procedure mask if needed, put used

tissues in a waste receptacle, and to perform hand hygiene immediately after using tissues needs to be clearly visible at all entrances to the LTC facility.

Passive screening for staff, volunteers and visitors

LTC facilities must instruct all staff, other caregivers, and volunteers to self-screen at home. Staff, other caregivers, and volunteers with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the LTC facility. All staff need to be made aware of early signs and symptoms of acute respiratory infection and what steps to take should they develop symptoms at work.

Signage should be posted at every entry to the building and at reception areas for anyone entering the LTC facility (e.g., visitors, staff, and volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:

- Fever, and/or acute respiratory illness, and
- Travel history outside of Nova Scotia in the last 14 days since onset of illness OR
- Have had contact with a person who has the above travel history and is ill (may be subject to change).
- If experiencing respiratory symptoms, visitors must not visit the LTC facility until symptoms completely resolve.
- If experiencing respiratory symptoms, staff must follow facility protocols.

Active screening for residents

Admissions and re-admissions or returning residents

LTC facilities will conduct screening (when possible, over-the-phone screening) for new admissions, re-admissions, or returning residents using the following screening questions as outlined in the [Department of Health and Wellness \(DHW\) 2019 Novel Coronavirus Intake/Triage Screening Tool*](#).

1. Fever (over 38 degrees Celsius) or symptoms of a fever and/or new onset of (or worsening of chronic) cough AND any of the following:
2. Travel outside of Nova Scotia in the 14 days before the onset of illness OR Close contact with a confirmed or probable case of COVID-19 OR Close contact with a person with acute respiratory illness who has been outside of Nova Scotia in the 14 days before their symptom onset.

**NOTE: Screening questions are subject to change through direction the Office of the Chief Public Health Officer, DHW.*

If a resident answers yes to both questions (1) and (2), and they are onsite, they should:

- Be instructed to wear a procedure mask (if tolerated) and placed in a single room (preferred) or designated room such as respite room, family room, etc. to wait for further assessment.
- Staff at the LTC facility will implement Droplet and Contact Precautions and use the correct personal protective equipment when within 2 metres of the resident (see full guidance below).
- The LTC facility should contact the public health office/Medical Officer of Health to report the suspect case and discuss the most appropriate setting for the resident to be clinically assessed and tested, if warranted.
- If a resident is referred to a hospital, the LTC facility should coordinate with the hospital, local public health office/Medical Officer of Health, EHS and the resident to make safe

arrangements for travel to the hospital that maintains the appropriate infection prevention and control precautions.

- If a resident with suspected/confirmed COVID-19 will remain in LTC facility for assessment and care, the LTC facility will follow the guidance below *Infection Prevention & Control Guidance for Caring for a Resident with Suspected or Confirmed COVID-19*.

Active Screening of Residents

If there is transmission of COVID-19 in the community, residents should be assessed at least once daily for fever, respiratory symptoms, and change in health, which could reflect an infection.

Immediate management of resident in whom there is a suspicion of COVID-19:

- Instruct the resident to wear a procedure mask (if tolerated) and keep in their room to wait for further assessment.
- Implement Droplet and Contact Precautions and use the correct personal protective equipment when within 2 metres of the resident (see full guidance below).
- Contact public health office/Medical Officer of Health to report the suspect case and discuss the most appropriate setting for the resident to be clinically assessed and tested, if warranted.
 - If a resident is referred to a hospital, the LTC facility should coordinate with the hospital, local public health office/Medical Officer of Health, EHS and the resident to make safe arrangements for travel to the hospital that maintains the appropriate infection prevention and control precautions.
 - If a resident with suspected/confirmed COVID-19 will remain in LTC facility for assessment and care, the LTC facility will follow the guidance below *Infection Prevention & Control Guidance for Caring for a Resident with Suspected or Confirmed COVID-19*.

Infection Prevention & Control Guidance for Caring for a Resident with Suspected or Confirmed COVID-19

Staff at LTC facilities will, in addition to Routine Practices, implement Contact & Droplet Precautions and use the correct personal protective equipment when entering a resident's space/room.

Routine Practices

Within LTC facilities, Routine Practices should be consistently used with all residents.

The key to implementing Routine Practices is for health care workers in LTC settings to conduct a *Point of Care Risk Assessment* (PCRA) with each resident interaction. The PCRA will assess risk of transmission of microorganisms and assist staff to choose interventions or infection control measures to use. This includes assisting the health care worker select the appropriate personal protective equipment (See Appendix A).

Droplet & Contact Precautions

For cases of suspected or confirmed COVID-19, Additional Precautions (Droplet and Contact) will be implemented.

Accommodation

- Cohort staff to work with symptomatic or asymptomatic residents and restrict movement of staff between symptomatic and asymptomatic residents as much as possible.
- A sign should be visible on resident's door/bed space to indicate need for Droplet and Contact Precautions.

Hand Hygiene

- Staff should perform hand hygiene frequently according to the *Four Moments of Hand Hygiene* using plain soap and water or an alcohol-based hand rub (70-90%). Soap and water should be used when hands are visibly soiled.
- Residents should be taught how and provided with opportunities to perform proper hand hygiene.
- Residents should have ABHRs made available to them and be assisted with hand hygiene by staff as needed.
- Staff may need to wash the residents' hands for them.

Personal Protective Equipment

- Appropriate personal protective equipment (PPE) for Droplet and Contact Precautions should be available outside the resident room for use by staff and visitors (including family members). This includes gloves, long-sleeved gown, procedure/surgical mask **and** eye/face protection.
 - N95 masks and airborne precautions are not necessary for COVID-19 in LTC facilities for general care of residents. N95s are only necessary when conducting aerosol-generating medical procedures (AGMP) (e.g. bronchoscopy, intubation, BiPap, sputum induction, nebulized aerosols).
 - Avoid use of nebulizer and use alternatives such as meter-dosed inhaler with spacer.
- Ensure proper training of staff in putting on and removing PPE, in order to prevent cross-contamination and the potential spread of infection (refer to attached NSHA signage in Appendix B & C).
 - Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment.

Environmental Management

- Increased frequency of cleaning high-touch surfaces is important in controlling the spread of microorganisms during a respiratory infection outbreak.
- Environmental cleaning products registered in Nova Scotia with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient for COVID-19.
- All surfaces in the resident's environment (including their rooms and common areas) should be cleaned at least twice daily and when soiled.
- There are no special precautions required for linen, dishes or management of waste.

Resident Care Equipment

- All reusable equipment and supplies, along with personal belongings, will be dedicated to the use of the resident with or suspected to have COVID-19.
- If use with other residents is necessary, the equipment and supplies will be cleaned and disinfected before reuse.
- Items that cannot be properly cleaned and disinfected will be discarded upon resident transfer or discharge.
- Discard single-use disposable equipment into a no-touch waste receptacle after use.

Resident Flow and Activity

- Symptomatic residents should be restricted to their room and not participate in group activities until symptoms have resolved.
- If residents must leave their room for necessary treatment or transfer, they should wear a mask (surgical or procedure), perform hand hygiene, and be provided with clean clothes or bedding before leaving the room.
- When there is COVID in the community, group outings should be stopped.
- Consideration should be given to restricting group activities and communal dining.
- Transfer within/to another facility should be avoided unless medically indicated.

Management of Visitors (including family members).

- Restrict visitors to those who are essential (e.g. immediate family member or parent, guardian, or primary caregiver).
- Limit their movement within the facility by allowing them to visit only the resident and exiting the LTC facility directly after their visit.
- Visitors should be instructed to speak with a nurse before entering the room of a patient on Droplet and Contact Precautions for COVID-19 to assess the risk to the visitor's health and ability to adhere to Routine Practices and Additional Precautions.
- Visitors should be provided with instructions on and supervision with hand hygiene, and appropriate use of PPE for Droplet and Contact Precautions.
- Visitation policies/procedures should be developed and implemented to balance the risk of infectious disease transmission and resident care.

Transfer of Residents

- If it is deemed that a resident with suspected or confirmed COVID-19 should be transferred to an acute care hospital, notification to the facility and EHS of the resident's diagnosis and the need for Additional Precautions is necessary prior to transfer.

Management of LTC Facility Staff Illness or Exposure

- Staff of LTC facilities who become ill with a respiratory infection should report their illness to designated Occupational Health professional(s) and follow facility protocols. The facility Occupational Health professional should work collaboratively with the facility management, physician, and public health authorities to manage exposed staff.
- If COVID-19 is suspected or diagnosed in a staff member, case management and return to work should be determined in consultation with the local public health/Medical Officer of Health. Ill staff should not work at any healthcare facility until cleared to return to work.

Discontinuation of Additional Precautions in Residents

- The duration and discontinuation of precautions in individual residents should be determined on a case-by-case basis, in consultation with the infection prevention and control designate.

Specimen Collection and Testing

- The LTC facility should contact their local public health office/Medical Officer of Health to report the suspect case and discuss clinical assessment and testing of the resident.

Communication

- Leadership of the LTC facility will keep residents, family members and staff informed of presence of COVID-19 within the facility, as well as precautions being taken, visitor restrictions that may be implemented, and who they can contact at the facility for information.

For more information on COVID-19, LTC facilities can consult the Nova Scotia Department of Health [Coronavirus Webpage](#), contact their local public health office.

References:

Nova Scotia Department of Health. [Coronavirus Webpage](#)

Ontario Ministry of Health and Long-Term Care. [Novel Coronavirus \(COVID-19\) Fact Guidance for Long-Term Care](#)

Public Health Agency of Canada (2020). [Infection Prevention and Control for COVID-19: Interim Guidance for Acute Healthcare Settings 2019 Novel Coronavirus: For Health Professionals](#)

Province of Nova Scotia. (2019). Respiratory Response Plan for Public Health 2019-2020.

Province of Nova Scotia (2019). [2019-2020 Guide to Influenza-Like Illness and Influenza Outbreak Control for Long-Term Care Facilities](#)

Province of Nova Scotia. (2020). [Nova Scotia Interim Guidance: Public Health Measures of cases and contacts associated with Novel Coronavirus \(COVID-19\)](#)

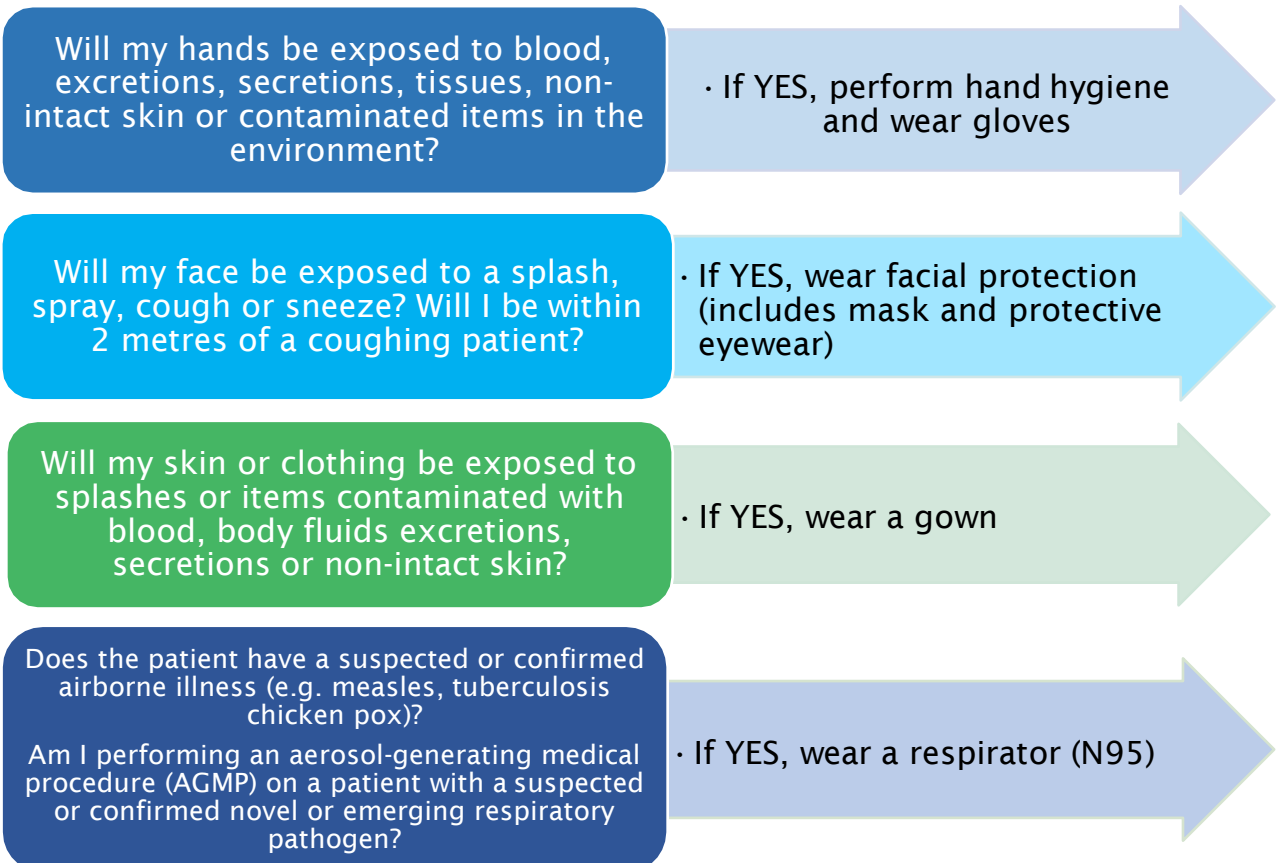
Appendix A- Point of Care Risk Assessment

Point of Care Risk Assessment

Before each patient/resident/client interaction, the health care worker completes a 'Point of Care Risk Assessment' (PCRA) by asking the following questions to determine the risk of exposure and appropriate Routine Practices and Additional Precautions required for safe care:

- **What are the patient's symptoms?**
- **What is the degree of contact?**
- **What is the degree of contamination?**
- **What is the patient's level of understanding and cooperation?**
- **What is the degree of difficulty of the procedure being performed and the experience level of the care provider?**
- **What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes?**

The PCRA allows the health care worker to determine what personal protective equipment (PPE) is selected and worn for that interaction. PCRA is should be performed even if the patient has been placed on Additional Precautions as more PPE may be required.



REMEMBER: Perform Hand Hygiene before and after PPE use.

GUIDE TO PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions

1 Hand Hygiene



Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

3b OR N95 Respirator



- Required for aerosol-generating medical procedures (AGMP's) for patients with unknown, novel or emerging pathogens.
- Refer to manufacturer for specific donning instructions.
- Perform a 'seal check' with each use.
- N95 respirators must be 'fit tested' prior to use.

2 Long-sleeved gown



- Select level of gown based on fluid exposure risk.
- Make sure the gown covers from neck to knees to wrist.
- Tie at back of neck and waist.

4 Face/Eye Protection



- Several types of face/eye protection are available (e.g. mask with built-in visor, goggles, full face shield)
- Place over the eyes or face.
- Adjust to fit
- NOTE: Eyeglasses are not considered protective eyewear.

3a Procedure/surgical mask



- Secure ties or ear loops around head or ears so the mask stays in place.
- Fit moldable band around the bridge of your nose.
- Fit snugly to face over mouth and nose and below chin.

5 Gloves



- Put on gloves.
- Pull the cuffs of gloves over the cuffs of the gown.

FOR NOVEL AND EMERGING PATHOGENS:
Initiate Contact & Droplet Precautions and wear gloves, gowns, procedure/surgical mask and face/eye protection when within 2 meters of patient.

For more information complete- Personal Protective Equipment (PPE) LMS video
LMS Code: 0373.01

GUIDE TO REMOVING PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions

1

Gloves



- Use glove to glove, skin-to-skin technique.
- Outside of gloves are contaminated.
- Discard in garbage

4

Hand Hygiene

Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

2

Hand Hygiene



Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

5

Face/Eye Protection



- Handle only by headband or earpieces.
- Carefully pull away from the face.
- Place non-disposable goggles in designated area for disinfection & disposable items in waste receptacle.

3

Long-sleeved gown



- Carefully unfasten ties.
- Grasp the outside of the gown at the back by the shoulders and pull down over the arms.
- Turn the gown inside out during removal.
- Carefully fold into bundle. Do not rip off.
- Place disposable gowns in garbage or place non-disposable gowns in laundry hamper.

6

Mask OR N95 Respirator

- Handle only by the ties.
- Undo/remove bottom tie first, then top. Allow to fall away from face.
- N95 respirator is removed outside of the patient room.



7

Perform Hand Hygiene

8

Exit Patient Room, remove N95 (if applicable) & perform Hand Hygiene again as needed

For more information complete- Personal Protective Equipment (PPE) LMS video
LMS Code: 0373.01

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