

This document outlines suggestions and strategies for isolating residents in long-term care homes during the COVID-19 pandemic. It is recommended that the respiratory outbreak procedures that are outlined in the Ministry of Health and Public Health Ontario guidance documents be followed during the pandemic. RNAO has gathered this list of suggestions and strategies from a number of long-term care homes, and received endorsement from both the Ontario Medical Association, and AdvantAge Ontario.

To our knowledge there is no current research evidence or best practice guidelines that directly address COVID-19 isolation measures in relation to the population and residents with dementia in long-term care. Please consider these strategies in the context of your knowledge of current legislation, guidance documents, local public health unit and your local long-term care context (i.e. environment, staffing, residents).

### Current guidance documents:

Cohort	Guidance Documents
Newly admitted residents	Screen according to Ministry and Public Health Ontario guidelines (see links below) which require screening and isolating new residents x 14 days
Result-pending residents	Isolate and treat according to Ministry and Public Health Ontario guidelines (see links below)
Covid-19 positive residents	Isolate and treat according to Ministry and Public Health Ontario and Physician or Nurse Practitioner direction

### Ministry of Health:

- [COVID-19 Guidance: Long-Term Care Homes](#)
- [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)
- [The 2019 Novel Coronavirus \(COVID-19\)](#)

**Public Health Ontario:** [www.publichealthontario.ca](http://www.publichealthontario.ca)

The following suggestions and strategies for isolating residents with confirmed or result-pending residents have been informed by the experiences of long-term care homes in Ontario:

Suggestions and Strategies	Details
Isolation planning	Work with the Infection Control Team/Pandemic Management Team/managers, engineering, and clinical staff to plan for the segregation of patients and/or services, create adequate isolation rooms and identify potential areas that could be converted effectively with minimum modifications
Where possible, a designated self-contained area or unit of the long-term care home would be ideal for the treatment and care of patients with COVID-19	<p>Considerations for the self-contained area:</p> <ul style="list-style-type: none"> <li>• Do not use as a thoroughfare by other residents, volunteers or staff, including residents being transferred, staff going for meal breaks, and staff and volunteers entering and exiting the COVID-19 area</li> <li>• Separate the self-contained area from non-segregated areas using closed doors if possible or another physical barrier</li> <li>• An area for staff to don/doff PPE as they enter/leave the room is required</li> <li>• Use signage to indicate the segregated area in order to control entry into this area/unit</li> <li>• Locate the self-contained area furthest away from high traffic areas where staff congregate (if possible)</li> </ul>

Suggestions and Strategies	Details
	<ul style="list-style-type: none"> <li>• Ideally locate the self-contained area, preferably on the main floor of a multi-story home in order to reduce staff travel through the home, or away from where the staff enter and goods are delivered</li> </ul>
Dedicated special care quads	<ul style="list-style-type: none"> <li>• Ill residents should be cared for by a small group of staff dedicated to those who are affected, and who are assigned only to this area</li> <li>• Suggest that staff assigned to the quad not interact with residents outside of their quad</li> <li>• Organize supplies and activities in the limited area of each quad</li> <li>• Residents should have a dedicated washroom/bath in this area</li> <li>• Create a break area/staff room with a temporary kitchenette with a microwave, kettle, water cooler, mini-fridge etc in each quad</li> <li>• All other precautions, as noted above</li> </ul>
Cohort confirmed COVID -19 residents (if single/isolation room is not available)	<ul style="list-style-type: none"> <li>• Ensure that residents are physically separated by a distance of at least 2 meters</li> <li>• Use privacy curtains between the beds to minimize opportunities for close contact</li> <li>• Consider cohorting residents in: <ul style="list-style-type: none"> <li>• Day program spaces</li> <li>• Recreation rooms</li> <li>• Palliative care rooms</li> <li>• Chapels</li> <li>• Dining rooms</li> </ul> </li> <li>• In situations where single rooms have a shared washroom, the shared washroom should be dedicated to the COVID + resident and relocate the neighbouring resident to another washroom or move elsewhere within the home</li> <li>• In older homes with 4 bed ward rooms, consider turning them into COVID -19 cohort rooms and re-locate the affected residents to these rooms</li> <li>• Long-term care homes attached to retirement homes may want to transfer well and ambulatory residents to the retirement side proactively, if well and able to manage independently and space is available. Those transferred residents would need to be kept in isolation for a minimum of 14 days.</li> <li>• Consider residents who are able to go home with family (Please see criteria from the Ministry of Health)</li> <li>• Reverse isolate residents when a threshold of positive COVID -19 cases has been reached; seek direction from the local public health unit</li> <li>• Consider identifying off-site facilities for the relocation of well and ambulatory residents with lower needs</li> </ul>
Environmental decontamination by cleaning/maintenance staff	<ul style="list-style-type: none"> <li>• Allocate cleaning/maintenance staff to specific area(s)</li> <li>• Suggest that cleaning/maintenance staff do not move between COVID-19 and non-COVID-19 care areas</li> </ul>
Social distancing during meals	<ul style="list-style-type: none"> <li>• Staggered meal times</li> <li>• Serve breakfast in bed</li> <li>• Develop a take-out menu</li> </ul>
Reduce contamination risk with the medication cart	<ul style="list-style-type: none"> <li>• Use disposable trays for medication passes to decrease the contamination risk. Example, fast food chains have been donating disposable trays/cup holders</li> <li>• Reduce med passes - physicians/NPs to work with nursing and pharmacy staff to reduce unnecessary meds/supplements, and reduce frequency of dispensing. Start with a few residents at a time to manage workload.</li> </ul>