



COVID-19 UPDATE



April 9, 2020

Memo to Unifor long-term care home members regarding the Ontario Government's April 8 directive

On April 8, the Ontario Government issued a new directive that replaces a previous directive impacting long-term care homes.

While this new directive replaces and updates the March 30 directive for long-term care homes, it remains in addition to the order that allows long-term care homes the limited ability to circumvent some collective agreement provisions for 14 days in order to carry out measures related to staffing, scheduling and volunteers (see [Unifor March 24 memo](#) for more information).

While the previous March 30 directive had given facilities more operational flexibility by allowing them to forego certain reporting, documentation and care obligations, this replacement directive sets out a number of newly prescribed precautions and procedures that long-term care homes must immediately implement.

For example, the new directive includes:

- Active screening requirements for residents and anyone entering the home
- A ban on short-stay absences for residents to visit family and friends
- Requires that staff and essential visitors must wear surgical/procedure masks for shifts and during visits (even when the home is not in outbreak)
- Re-iterates that homes are closed to visitors not deemed essential and outlines screening process for them
- Directs that where possible, employers should work with employees to limit the number of work locations that employees are working at
- Instructions on staff and resident cohorting
- Required steps once an outbreak assessment is triggered
- Required steps during an outbreak
- Required preventative measures for homes to take to prevent outbreak
- Guidelines for communicating with staff, residents and families about COVID-19

It should also be noted that the directive states that retirement homes must take all reasonable steps to follow the required precautions and procedures outlined in the directive.

Despite the additional guidelines outlined in this directive, there remains a continued staff shortage in the sector and the general unwillingness of long-term care homes to provide premium pay during this crisis.

While this order does override some provisions of your collective agreement, it is our position that it should only be enforced if absolutely necessary and there are no alternative solutions. Your grievance procedure, while temporarily suspended, is not eliminated and grievances should still be brought to the attention of your committee. The majority of the articles in the collective are still in effect and being utilized by the union. None more important than health and safety obligations to hold employers accountable in keeping workers safe.

Local unions should closely monitor employers' actions in complying with the directive and ensure that members are protected in their workplace and prioritized in filling staffing needs.

Unifor will continue to provide updates as information becomes available at unifor.org/COVID-19. Please sign up for the union's weekly newsletter at unifor.org/subscribe and download the Unifor mobile app on the Google Play store or the Apple App Store on your smartphone.

Directive #3 - Long-Term Care Homes Summary

Active Screening:

- Active screening for anyone entering the home, with the exception of emergency first responders in emergency situations.
- Screening must include twice daily symptom screening, including temperature checks.
- Anyone showing symptoms of COVID-19 should not be allowed to enter the home and should go home immediately to self-isolate.
- Staff responsible for occupational health at the home must follow up on all staff who have been advised to self-isolate based on exposure risk.

Active Screening of All Residents:

- Homes must conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify if any resident has fever, cough or other symptoms of COVID-19.
- Residents with symptoms (including mild respiratory and/or atypical symptoms) must be isolated and tested for COVID-19.

Repatriation:

- Facilities may repatriate residents home as outlined in the Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018. A negative test is not required for the resident to be repatriated from acute care.

Short-Stay Absences:

- Homes must not permit residents to leave the home for short-stay absences to visit family and friends.
- Residents who wish to go outside of the home must be told to remain on the home's property and maintain safe physical distancing.

Personal Protective Equipment (PPE):

- Homes are expected to follow COVID-19 Directive #1 for Health Care Providers and Health Care Entities.

Staff masking:

- Homes should immediately implement that all staff and essential visitors wear surgical/procedure masks at all times for the duration of full shifts or visits in the long-term care home.
- For clarity, this is required regardless of whether the home is in outbreak or not.
- During breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission.

Managing Essential Visitors:

- Homes must be closed to visitors, except for essential visitors.
- Essential visitors include a person performing essential support services (e.g. food delivery, phlebotomy testing, maintenance, and other health care services required to maintain good health) or a person visiting a very ill or palliative resident.

- Steps that need to be taken for essential visitors admitted to the home:
 - They must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show symptoms.
 - The visitor must attest to not be experiencing any of the typical and atypical symptoms.
 - The visitor must only visit the one resident they are intending to visit, and no other resident.
 - For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn in accordance with Directive #1.

Limiting Work Locations

- Wherever possible, employers should work with employees to limit the number of work locations that employees are working at, to minimize the risk to patients of exposure to COVID-19.

Staff and Resident Cohorting

- Homes must use staff and resident cohorting to prevent the spread of COVID-19.
- Resident cohorting may include one or more of the following:
 - Alternative accommodation in the home to maintain physical distancing of 2 metres
 - Resident cohorting of the well and unwell
 - Utilizing respite and palliative care beds and rooms
 - Utilizing other rooms as appropriate

Staff cohorting may include:

- Designating staff to work with either ill residents or well residents
- In smaller homes or homes where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions when in an area affected by COVID-19.
- Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the home, and consideration given to increasing the frequency of cleaning.

Triggering an outbreak assessment

- Once one resident or staff has presented with new symptoms compatible with COVID-19, the home should immediately trigger an outbreak assessment and take the following steps:
 - 1 - Place the symptomatic resident under contact/droplet precautions
 - 2 - Test the symptomatic resident immediately
 - 3 - Contact the local public health unit to notify them of the suspect outbreak
 - 4 - Test those residents who were in close contact (i.e. shared room) with the symptomatic resident and anyone else deemed high risk by the local public health unit.
 - 5 - In collaboration with the local public health unit, review of the Ministry of Health COVID-10 Outbreak Guidance for Long-Term Care Homes (LTCH) and prepare for cohorting practices to limit the potential spread of COVID-19.
 - 6 - Enforce enhanced screening measures among residents and staff.

- Receiving negative test results: if the home receives negative test results on the initial person who was tested, the long-term care home can immediately end the suspect outbreak assessment related steps.
- Receiving positive test results: homes must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home. Once the outbreak has been declared, residents, staff or visitors, who were in close contact with the infected resident, or those within that resident's unit/hub of care, should be identified. Further testing on those identified should be assessed, in collaboration with the local public health unit, using a risk-based approach based on exposures.

Management of a Single Case in a Resident:

- Homes must isolate the resident, in a single room if possible, and take appropriate contact and droplet precautions.
- Staff who have had contact with high risk exposure to COVID-19 without appropriate PPE must self-isolate for 14 days.
- For staff who are deemed critical, by all parties, to continue operations, the staff must continue to work, undergo regular screening, use appropriate PPE, and undertake self-monitoring for 14 days.
- Staff who have had contact with medium risk exposure to COVID-19 should be self-monitoring for 14 days.

Management of a Single Case in Staff

- Homes must immediately implement outbreak control measures for a suspect outbreak.
- Even if the staff exposure was to a specific area of the home, consideration must be given to applying outbreak control measures to the entire home.
- Staff who have tested positive and symptomatic cannot attend work.
- Staff who have tested positive and have symptom resolution and are deemed critical may return to work under work isolation.

Required Steps in an Outbreak

- If an outbreak is declared at the home, the following measures must be taken:
 - 1 - New resident admissions are not allowed until the outbreak is over.
 - 2 - No re-admission of residents until the outbreak is over.
 - 3 - If residents are taken by family out of the home, they may not be readmitted until the outbreak is over.
 - 4 - For residents that leave the home for an out-patient visit, the home must provide a mask and the resident, if tolerated, wear a mask while out and screened upon their return.
 - 5 - Discontinue all non-essential activities (e.g. pet visitation programs)

Ensure LTC Home's COVID-19 Preparedness

- In consultations with Joint Health and Safety Committees or Health and Safety Representatives, homes must ensure measures are taken to prevent outbreak:
 - Ensure outbreak swab kits are available
 - Ensure sufficient PPE is available
 - Ensure appropriate stewardship and conservation of PPE is followed
 - Train staff on the use of PPE
 - Review advanced directives for all residents
 - Review communications protocols
 - Review staffing schedules
 - Review internal activities to ensure social distancing
 - Review environmental cleaning protocols
 - Develop policies to manage staff who may have been exposed to COVID-19

Communications

- Homes must keep staff, residents and families informed about COVID-19
- Staff must be reminded to monitor themselves for COVID-19 symptoms at all times, and to immediately self isolate if they develop symptoms.
- Signage in the home must be clear about COVID-19, including signs and symptoms, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident.
- Issuing a media release to the public is the responsibility of the institution but should be done in collaboration with the public health unit.

Food and Product Deliveries

- Food and product deliveries should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the home.