



COVID-19 Management Guideline for Long Term Care: *Post COVID-19 Public Health Emergency*

Department of Health
and Social Services



Contents

| | |
|---|----|
| Introduction..... | 3 |
| How to use | 3 |
| Infection prevention and control preparedness | 4 |
| Masking | 5 |
| Aerosol-generating Medical Procedures (AGMPs) | 5 |
| Table: Post – Mandatory Public Health Orders..... | 6 |
| Glossary | 8 |
| References..... | 10 |



Introduction

Individuals over 60 years of age and those with certain pre-existing health conditions and living in congregate settings such as long-term care (LTC) are the most at risk for severe outcomes from COVID-19. Vaccination is an important prevention tool in keeping COVID-19 out of our LTC facilities and it is highly recommended that all staff, residents and visitors are up to date with COVID-19 vaccines and booster doses as per the recommendation of the Chief Public Health Officer. Vaccination against COVID-19 does not stand alone and therefore it is important to continue to maintain protections within LTC settings to minimize the introduction and risk of virus transmission and spread. It is challenging to balance diligence in protecting our residents from COVID-19 with the recognition that socialization and activity are an important part of mental and physical health and quality of life.

With the lifting of the public health emergency order and mandatory COVID-19 restrictions, the Northwest Territories will return to a state that we have not had since the initial outbreak in January 2020. This does not mean that we are free from COVID-19 and its variants of concern (VOC), as these will continue to circulate globally. With the threat of COVID variants ever-present, this policy was created to ensure that the health and quality of life of Northwest Territories (NWT) LTC residents is supported while protecting them from impacts of COVID-19. We will continue to promote specific public health measures to prevent the spread of COVID-19 and other respiratory illnesses such as the common cold and influenza. COVID-19 has taught us a lot about assessing and mitigating risk in our LTC facilities, and we will continue to incorporate that knowledge even after the COVID-19 mandatory order is rescinded.

In order to ensure a safe transition for our LTCFs, it is recommended that Green Level Alert restrictions (see *DHSS COVID-19 Management Policy Document, December 2021*) in LTC remain in place for a minimum 2 weeks after the mandatory order is lifted to ensure the well-being and safety of our vulnerable residents.

How to use

These guidelines apply to Government of the Northwest Territories (GNWT) funded LTC facilities, whose managers, staff, visitors, residents and volunteers all have a part in preventing the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups. This document will guide the Health and Social Services Authorities (HSSA's) in the development of operational policies and procedures for the prevention and management of COVID-19, Infection Prevention and Control (IPAC), and risk mitigation when public health measures are lifted. GNWT funded LTC providers must meet, at a minimum, the Northwest Territories Health and Social Services Authority (NTHSSA) requirements but can be more restrictive if deemed necessary.

The measures will be re-evaluated with the support of Infection Prevention and Control (IPAC) and Occupational Health & Safety (OHS) and maintaining up to date information on IPAC protocols for outbreak management and risk mitigation for outbreak management in LTC.

It is essential that LTCFs keep the current operational planning protocols as noted below, especially those that do not negatively impact operations such as masking, signage, single point access and barriers



already erected.

Infection prevention and control preparedness

There are policies and protocols in place to address that each LTCF be prepared to identify and manage residents who have been or are considered to be, exposed to or suspected or confirmed to have COVID-19 by:

- Completing risk assessments to determine potential or actual risks of COVID-19 contamination and transmission amongst staff, residents and visitors.
- A Point of Care Risk Assessment (PCRA) is conducted by all staff prior to any interaction with a resident or visitor.
- Routine Practices, including hand hygiene, are in place for the care of all residents.
- Following all IPAC policies & procedures for communicable diseases.
- Following OHS staff vaccination requirements.
- Policies and procedures are in place to prevent the introduction of COVID-19 into the facility and to prevent and control the spread of infection if identified, including staff who present with COVID-19 symptoms.
- Residents, staff and visitors are provided with printed, posted, or other forms of accessible information in the 11 official languages about COVID-19, how the virus causes infection, and how to protect themselves and others.
- Residents considered exposed to or suspected or confirmed to have COVID-19 are immediately placed on a minimum of Droplet and Contact Precautions until COVID-19 or other infectious respiratory illness is ruled out, and until criteria for discontinuation of Additional Precautions are met.
- Clear clinical guidelines are created to address when COVID-19 testing is appropriate.
- Staff, residents and visitors continue to perform, and be trained, in active and passive screening for COVID-19.



Masking

Continuous masking aims to prevent asymptomatic/pre-symptomatic transmission between staff and essential visitors to residents and other staff within the LTCF. Continuous masking applies whether the LTCF is in an outbreak or not, and the practice of masking for source control must be in accordance with organizational/HSSA direction/guidance.

To facilitate judicious and effective use of masks the following are recommended as best practices. LTCF staff should:

- Follow organizational/HSSA direction/guidance regarding mask usage and allocation.
- Don the mask when entering the LTCF and remove or exchange it during breaks, when it becomes damp or soiled or when leaving the LTCF at the end of the shift or visit.
- Perform hand hygiene before putting on and after removing or otherwise handling masks.
- Remain two metres away from others during breaks whether they remove their mask or not to prevent transmission.

If tolerated, masks are recommended for use by residents when travelling outside of the LTCF to attend appointments and when in the same room as an essential visitor or staff.

Aerosol-generating Medical Procedures (AGMPs)

An AGMP is any procedure conducted on a resident that can induce production of aerosols of various sizes, including droplet nuclei. AGMPs are rarely performed in LTCFs, though potential examples in this setting may include; performing cardiopulmonary resuscitation (CPR), use of cough assist machines, open suctioning in residents with a tracheostomy, or use of continuous positive pressure airway pressure (CPAP) machines. HCP should follow organizational/HSSAs procedures and guidelines when it is necessary to perform an AGMP and ensure necessary environmental controls, PPE and staff training are in place.

AGMPs on a resident suspected or confirmed to have COVID-19 should be minimized and only be performed if:

- The AGMP is medically necessary and performed by the most experienced person.
- The minimum number of persons required to safely perform the procedure are present.
- All persons in the room are wearing a fit-tested, seal-checked N95 respirator, gloves, gown and face or eye protection.
- The door of the room is closed.



Table: Post – Mandatory Public Health Orders

| NWT LTC Facilities | | |
|---------------------------|--------------------------------------|--|
| STAFF | Screening & Testing | <p>HSSAs have policies and protocols to address screening and testing and are to include but are not limited to the following key points:</p> <p>Staff screening tools to remind staff not to enter when experiencing COVID symptoms;</p> <p>Workplace health and safety protocols to address staff calling in sick or when staff become ill during their shift; and</p> <p>Testing as per IPAC/OHS.</p> |
| | PPE & Physical Distancing | <p>HSSA’s have policies and procedures in place to address masking and physical distancing for staff when in resident areas or providing resident care as per IPAC/OHS.</p> <p>A Point of Care Risk Assessments (PCRA) is completed prior to contact with a resident/resident environment.</p> |
| RESIDENTS | Screening & Testing | <p>HSSA’s have policies and procedures in place to address screening and testing as per IPAC/OHS.</p> |
| | PPE & Physical Distancing | <p>HSSA’s have policies and protocols to address continuous masking and physical distancing in communal areas and shared spaces.</p> |



| | |
|-------------------------------------|--|
| VISITORS | <p>Visitors are permitted; there are no restrictions.</p> <p>HSSA's have policies and protocols to address risk assessment, screening, testing, PPE and physical distancing as per IPAC/OHS.</p> <p>Each facility will have:</p> <ul style="list-style-type: none">• Signage at the entrance clearly stating not to enter when experiencing COVID symptoms• Education and information are provided to all visitors on safe visiting practices such as frequent hand hygiene, masking, reducing spread of respiratory illnesses (coughing/sneezing into arm) and staying home when ill and or experiencing symptoms of COVID• A logbook for visitors to sign in at each visit |
| FACILITY ACCESS | <p>Single-point entry for all facilities with appropriate signage reminding staff and visitors not to enter if ill.</p> |
| CLEANING & DISINFECTION | <p>As per IPAC policies & procedures</p> |
| FACILITY OUTBREAK MANAGEMENT | <p>Based on the direction of Infection Prevention and Control.</p> |



Glossary

| | |
|---|--|
| Active Screening | Temperature screening and recording and use of formal COVID-19 screening tool completed by staff. |
| Contact Precautions | Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient’s environment. Contact Precautions are used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person. |
| COVID 19 activity | COVID-19 activity considers the multiple variables that would indicate the presence of COVID in the community (e.g., positive cases, exposures notices and wastewater signals). |
| Droplet Precautions | Droplet precautions are used in addition to Routine Practices for patients known or suspected of having an infection that can be transmitted by large infectious droplets. |
| Facility COVID-19 Outbreak | An outbreak of COVID-19 in a hospital, congregate setting or LTCF is defined by OCPHO as two or more confirmed cases (staff and/or clients) where transmission was acquired within the facility by best assessment. As per OCPHO, an outbreak can be declared over 14 days after the last case’s exposure during their communicable period to other residents/staff. |
| IPAC | Infection Prevention and Control. |
| OHS | Occupation Health and Safety. |
| OCPHO | Office of the Chief Public Health Officer, GNWT. |
| Passive Screening | An individual doing a daily self-check to determine if they have symptoms of COVID-19. |
| Point of Care Risk Assessment (PCRA) | A strategy used by staff of the LTC facility in advance of any interactions with the resident or resident environment or upon resident return to the facility, to determine appropriate PPE and control measures. |
| Routine Practices | The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all patients during all care to prevent and control transmission of microorganisms in health care settings. |



| | |
|----------------------------------|--|
| Variants of Concern (VOC) | <p>The working definition provided by the WHO and CDC is a SARS-CoV-2 variant that has one or more of the following changes:</p> <ul style="list-style-type: none">• Increase in transmissibility of detrimental change in COVID-19 epidemiology,• Increase in virulence or change in clinical disease presentation, or• Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics |
|----------------------------------|--|



References

Alberta Health Services: Point of care testing; 2021;

<https://www.albertahealthservices.ca/lab/page3314.aspx>

Centres for Disease Control and Prevention (CDC): SARS-CoV-2 Variant Classifications and Definitions; 2021; <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html> Government of Canada. Infection prevention and control for COVID-19: Interim guidance for long-term care homes. June 2021

Government of New Brunswick: COVID-19 Visitation Guidance for Adult Residential Facilities and Nursing Homes; 2021; https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/arf_visitation_guidance_yellow-e.pdf

Government of New Brunswick, Department of Social Development: LTC Green; 2021.

Government of the Northwest Territories, Department of Health and Social Services: COVID-19 Management Policy Document for Long Term Care; December 2021

Government of the Northwest Territories: Infection Prevention and Control Manual; 2012; <https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/infection-control-manual.pdf>

[Government of the Northwest Territories, Office of the Chief Public Health Officer. Coronavirus Disease \(COVID-19\): Communicable Disease Chapter. April 2022. Coronavirus Disease \(COVID-19\) | HSS Professionals \(gov.nt.ca\)](#)

Government of the Northwest Territories, Office of the Chief Public Health Officer. Interim outbreak management of coronavirus disease (COVID-19) in long term care facilities: Interim guidance for the Northwest Territories. December 2021

World Health Organization (WHO): Tracking SARS-CoV-2 Variants; 2021; <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>



K. Bucher

Karin Bucher, Manager, Seniors Affairs
Department of Health and Social Services

May 24, 2022

Date

Sandra Mann

Sandra Mann, Director, Seniors and Continuing Care
Department of Health and Social Services

May 24, 2022

Date

Jo-Anne Cecchetto

Jo-Anne Cecchetto, Assistant Deputy Minister, Programs
Department of Health and Social Services

May 27, 2022

Date

| Version Date | Summary of Updates |
|----------------|---|
| March 14, 2022 | Version 1 |
| April 22, 2022 | <ul style="list-style-type: none"> Added definition of a Facility COVID-19 Outbreak as per OCPHO to glossary Table p.7, "Facility Outbreak Management" based on the direction of Infection, Prevention, and Control |