



## Introduction

This tip sheet is for employers and staff (e.g., health care workers, housekeeping, dietary staff, security, and building maintenance) at long-term care facilities.

The COVID-19 pandemic has disproportionately affected older people, especially those living in long-term care facilities. This document provides an overview of recommended controls to help reduce the risk of exposure to COVID-19. Additional controls will also be required depending on the workplace and specific types of tasks performed by staff.

For general COVID-19 prevention practices, refer to the CCOHS [COVID-19 Resources](#) documents, including “[Protect Yourself and Others](#)”.

In all cases, guidance from local [public health authorities](#) and your [jurisdictional health and safety regulator](#) must be followed. Additional guidance is provided in the Government of Canada resource “[Infection prevention and control for COVID-19: Interim guidance for long-term care homes](#)”.

## Consider the Risks

- COVID-19 transmission occurs primarily when individuals are in close contact with an infected person. At close range, the virus may spread when large respiratory droplets fall through the air and land on mucous membranes of a person’s nose, mouth, or eyes, and through inhalation of smaller respiratory droplets or particles (often referred to as aerosols).
- The virus may also spread when individuals touch surfaces or objects that have the virus on them, and then touch their mouth, nose, or eyes before cleaning their hands.
- The risk of contracting COVID-19 increases in situations where people are in closed spaces (with poor ventilation) and crowded places when with people from outside their immediate household. Risk is higher in settings where these factors overlap or involve activities such as close-range conversations, singing, shouting, heavy breathing (e.g., during exertion), or when aerosol-generating medical procedures are performed.
- Staff could be exposed when:
  - providing personal care to a resident who has COVID-19 (the risk would be greater when performing aerosol-generating medical procedures).
  - having close contact with another person who has COVID-19.
  - touching surfaces or items that have been touched or handled by a person with COVID-19, and then touching your mouth, nose, or eyes.
- Each workplace is unique. Employers need to take every precaution reasonable in the circumstances to protect the health and safety of their staff. These precautions include [assessing the risks](#) of COVID-19 for their specific workplace.
- The employer must then implement multiple COVID-19 control measures in a [layered approach](#), using both the [hierarchy of controls](#) (i.e., elimination, substitution, engineering, administrative, and personal protective equipment) together with public health measures ([community](#) and [personal](#) preventive practices). No single control measure is completely effective, so it is important to layer several at the same time.
- Implement a written workplace safety plan that identifies potential exposures to COVID-19 and the controls implemented to protect staff.
- Employers should consider the following:
  - Where and when do staff interact with others at the workplace (e.g., co-workers, residents, visitors, etc.)?
  - How close are the interactions? The risk of transmission increases with close and frequent contact with a person infected with COVID-19.
  - How long are the interactions? Person-to-person spread is more likely with prolonged contact.
  - How will staff be protected if they are providing personal care to a person suspected of having COVID-19?
  - Can room and facility layouts be changed to allow for maximum physical distance between people?
  - Can barriers be installed where it is not possible to maintain physical distancing?
  - How often are surfaces and objects cleaned and disinfected?
  - Do staff have the knowledge they need to protect themselves and others from COVID-19?
  - Are you able to assess if a staff member, resident, or visitor may have COVID-related symptoms, and rapidly take appropriate actions?
  - What is the visitor policy?
  - What will be done to promote the vaccine?
  - Do staff have all the required supplies to protect themselves (e.g., PPE, hand hygiene products, cleaning, and disinfectant products)?
  - What should staff do if residents or visitors cannot or do not wish to follow the COVID-19 precautions?



## Vaccine

- Encourage staff, residents, and visitors to get the COVID-19 vaccine. In some jurisdictions, full vaccination may be mandatory for both staff and visitors – check the requirements in your area.
- Workers who are vaccinated should continue to follow all required public health precautions such as wearing masks and maintaining physical distance from others.
- Employers should keep their COVID-19 workplace control measure in place until public health restrictions are eased, no matter how many of their workers are vaccinated.
- For additional information, please refer to:
  - [“Vaccines for COVID-19”](#) (Government of Canada)
  - [“The facts about COVID-19 vaccines”](#) (Government of Canada)
  - [“COVID-19 Vaccines”](#) (CCOHS).

## Communication and Training

- Provide information and instruction to staff about the hazards of COVID-19 and what they need to do to protect themselves and others. Topics should include:
  - What COVID-19 is and the common symptoms
  - How the virus spreads
  - Screening and what to do if staff feel sick or may have been exposed
  - How to protect themselves and others by layering multiple hazard controls and [personal preventive practices](#) at once.
  - How to properly wear, handle, and care for personal protective equipment
  - Proper hand hygiene
  - Safe use of cleaning and disinfection chemicals
  - How to stay informed about COVID-19 ([using reputable sources](#))
  - New and updated work practices and policies related to infection prevention and control at the facility
- Encourage staff to report any COVID-19 concerns to their supervisor or employer. Staff can also report concerns to their health and safety committee or representative, or union if present.
- Provide regular communications so that staff are informed of updates and have an opportunity to discuss their questions and concerns.
- Review existing methods of communication to decide which methods (e.g., bulletin board, email, team meetings, text, phone calls) are reliable to inform staff about COVID-19 updates.
- Post signs throughout the workplace as a reminder of current COVID-19 precautions that need to be followed.
- Provide mental health support resources for all staff, including access to an employee assistance program (EAP) if available.
- Provide residents and families with up-to-date information about visitor policies and the precautions to follow.

## Screening

- Actively screen anyone who enters the facility (staff, residents, visitors, contractors, etc.). Use a [checklist](#), a web-based tool, or have a designated person ask direct questions.
- Establish a single entrance point (if possible) for all people entering the facility to ensure they are screened before entry.
- Staff who have COVID-19 [symptoms](#) should return home immediately (preferably not by public transit) or stay home if already there. If they develop symptoms at work, they need to put on a medical mask, and notify their supervisor. They should also contact their health care provider and local public health authority.

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- Symptoms may take up to 14 days to appear after exposure to COVID-19. Some people have mild or no symptoms.
- To support contact tracing efforts, record the names and contact information of all staff and visitors who enter the workplace. Make sure that privacy is protected, and that the information is stored securely for at least 30 days (or the duration specified in your jurisdiction). Contact information must be destroyed in a timely manner according to [privacy laws](#).
- If a staff member tests positive for COVID-19 and the case is work-related, additional notifications may be required (e.g., the jurisdictional [health and safety regulator](#) and [worker compensation board](#)). Complete an incident report and begin an incident review. Assist public health with contact tracing to determine if any staff or residents were exposed to COVID-19.
- If a visitor screens positive for COVID-19 they should not enter the facility. They should wear a medical mask and return home immediately (preferably not by public transit).
- Develop a policy for any resident returning to the facility following an absence who fails active screening (e.g., place the resident in a single room, use droplet and contact precautions, and test for COVID-19).
- Complete daily screening of all residents. Assess all residents once during the day and once during the evening for signs and symptoms of COVID-19. Follow the specific frequency requirements in your jurisdiction.

### Intake of New Residents

- Consider testing new residents for COVID-19 before arrival.
- New residents should be placed in a single room with a dedicated bathroom if available.
- Determine if new admissions will be permitted during an outbreak at the facility, or if the resident is transferring from a facility experiencing an outbreak.

### If a Resident is Suspected or Confirmed of Having COVID-19

- Develop a procedure to follow if a resident is suspected or confirmed of having COVID-19. These steps include identifying single rooms, with a dedicated bathroom, that can be used for isolation purposes. If single rooms are not available, follow local guidance from public health to see if residents, confirmed to have COVID-19, may be cohorted together in separate adequately ventilated units or areas.
- Signs indicating droplet and contact precautions should be placed on the outside of the resident's room.
- Set up a PPE station or cart outside the resident's room.
- Conduct a point of care risk assessment before any interaction with the resident. This review involves assessing the likelihood of exposing yourself and/or others, the task being completed, and the environment.
- Wear items that are required for droplet and contact precautions (includes gloves, a long-sleeved gown, a medical mask, and eye protection), at minimum, when caring for residents who are suspected or confirmed to have COVID-19. Substitution of an N95 or equivalent respirator in place of a medical mask may occur based on a point-of-care risk assessment, if an aerosol generating medical procedure is being performed, or local requirements.
- Posters illustrating how to put on and remove required PPE should be placed inside and outside of resident rooms for easy visual cues.
- Meals should be delivered to the resident. Food services staff should leave food outside the room and notify care staff who enter the room.
- Movement or transfer within and between facilities should be avoided unless medically necessary. If required, residents should be transported to the hospital by ambulance. Notify the paramedics and receiving hospital if COVID-19 is confirmed or suspected. The resident should wear a medical mask, staff should follow droplet and contact precautions, and the wheelchair or stretcher used by the resident should be cleaned and disinfected.

### Reducing Potential Exposures

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- Assign a staff member to coordinate infection prevention and control measures and to monitor public health advisories.
- Create teams of staff members (cohorts) who will work on the same shifts in the same unit of the facility, if possible.
- Identify staff who work in more than one facility (e.g., other long-term care or health care facilities) and limit this as much as possible to reduce the risk of spread between facilities. Follow any specific requirements from your jurisdiction regarding staff movement.
- Create a plan to address potential staff shortages in case staff need to isolate due to suspected or confirmed infection.
- Determine if any staff members can work remotely (e.g., roles that perform administrative functions). Provide ergonomic support and resources for staff setting up home offices.
- Eliminate non-essential work travel for all staff.
- Avoid in-person meetings where possible. Use remote communications methods instead (e.g., teleconferencing, videoconferencing). When in-person meetings are required, use a large well-ventilated space, instruct participants to stay the greatest physical distance (at least 2 metres) apart, and wear a mask.
- Reduce the amount of paper documentation or other items being exchanged between staff and between staff and residents. Consider using electronic methods. Wash or sanitize hands after handling items.
- All reusable equipment and supplies (e.g., blood pressure cuff) should be dedicated to the use of the resident who is suspected or confirmed to have COVID-19. If reusing with other residents is necessary, the equipment and supplies should be cleaned and disinfected first.
- Have a plan about how to protect residents with advanced dementia. They may require additional precautions to protect themselves and others.

## Physical Distancing

- Keep the greatest physical distance possible (at least 2 metres) from others, as much as possible.
- Avoid non-essential in-person interactions and keep essential interactions as few and as brief as possible.
- Discourage unnecessary physical contact such as handshakes and hugging.
- Make sure staff know how to protect themselves when they need to work within 2 metres of another person.
- Space chairs apart at least 2 metres in rooms and common areas (e.g., dining areas for residents, meeting rooms and employee break areas). Remove chairs if necessary.
- Add highly visible markers to floors (at least 2 metres apart) to promote physical distancing in areas where people may line up (e.g., screening areas, dining areas).
- Review training programs and determine if any training can be conducted virtually. Identify which training is essential and can only be conducted in person. Consider:
  - Keeping groups small
  - Requiring participants to wear medical masks
  - Conducting training in large, well ventilated spaces
  - Having participants maintain the greatest distance possible (at least 2 metres) away from others
- Post capacity limits at entrances to shared employee areas (e.g., kitchens, washrooms, conference rooms, elevators).
- Maintain physical distancing during breaks and meals. Arrange for breaks to occur in larger spaces or outdoors (weather permitting) and at staggered times.
- Maintain physical distancing measures for residents (e.g., use of single rooms when available or having beds separated by a minimum of 2 meters with a physical partition).
- Follow jurisdictional guidance for resuming communal dining and indoor social activities for residents (e.g., some jurisdictions have established criteria such as minimum rates of residents and staff who are fully immunized).



## Ventilation

- Verify that the mechanical ventilation system(s) for the facility is operating properly.
- Make sure that regular inspections and preventative maintenance for the ventilation system(s) are conducted according to manufacturer's instructions.
- Consult a ventilation specialist to determine whether any improvements can be made to the ventilation system(s) (e.g., increasing the percentage of fresh air intake, increasing air exchange rates, and improving filtration).
- Open windows if outdoor weather is suitable.
- If stand-alone air-conditioning units or portable fans are used in the facility, aim the air stream so that it is not blowing directly from person to another.
- For additional information on indoor ventilation, please refer to:
  - [“Using Ventilation and filtration to reduce aerosol transmission of COVID-19 in long-term care homes”](#) (Government of Canada)
  - [“Indoor Ventilation: Guidance During The COVID-19 Pandemic”](#) (CCOHS)

## Physical Barriers

- Install transparent physical barriers where possible (e.g., screening areas, reception desks).
- The physical barrier should be made from a non-porous material such as plexiglass than can be easily cleaned and disinfected.
- For additional information, please refer to the CCOHS resource [“Physical Barriers”](#).

## Personal Hygiene

- Make sure that items required for hand hygiene (e.g., sinks, liquid soap dispensers, paper towel, hand sanitizer dispensers and no-touch waste bins) are readily available throughout the facility.
- Encourage frequent and proper hand washing with soap and water, for at least 20 seconds. If soap and water aren't available, use a hand sanitizer containing at least 60% alcohol.
- Place hand sanitizer in high traffic areas (e.g., hallways), at the entrance of each resident room, and at the point of care for each resident.
- Ask everyone who enters the facility to perform hand hygiene with hand sanitizer.
- Health care workers should follow the World Health Organization's [“My five moments for hand hygiene”](#) approach to cleaning their hands:
  - (1) before touching a resident
  - (2) before any clean or aseptic procedure is performed
  - (3) after exposure to body fluid
  - (4) after touching a resident
  - (5) after touching a resident's surroundings
- All staff should wash hands at the start of shift, before eating or drinking, after touching shared items, after using the washroom, after removing PPE, after cleaning and disinfecting objects, after delivering or picking up food trays, after handling laundry, and at the end of the shift.
- Discourage individuals from touching their eyes, nose, or mouth with unwashed hands and from touching the outer surface of their mask while wearing or handling it, as it may be contaminated. Promote hand washing or use of hand sanitizer after putting on, touching, or removing masks.
- Promote good respiratory hygiene. Provide disposable tissues and remind individuals to cough or sneeze into the bend of your arm or a tissue and to dispose of tissues immediately, followed up with hand washing or use of hand sanitizer.
- Encourage residents to wash their hands frequently. Help residents where required.



## Cleaning and Disinfection

- Staff should be trained on the safe use of the cleaning and disinfecting products. Always follow the manufacturer's instructions when using, handling, or storing the product. Review the product's label, and (if applicable) safety data sheet to determine what precautions to follow.
- Select PPE that will protect staff from both the hazard of COVID-19 and the hazard of potential chemical exposure from the cleaning and disinfectant products used.
- All surfaces that may have had contact with another person (e.g., door knobs, hand rails, light switches, bathroom fixtures, countertops, carts, computer screens, etc.) or materials that were contaminated during resident care must be thoroughly cleaned and disinfected (e.g., blood pressure cuffs).
- Handle resident's laundry with gloves. Do not shake dirty laundry. Launder items according to the manufacturer's instructions. Machine wash using the warmest appropriate water setting (preferably hot water 60-90°C), use laundry detergent, and dry thoroughly.
- Change out of work clothing at the end of each shift and wash them (see laundry tips mentioned above) before wearing for another work shift. Do not store street clothes and work clothing in the same space unless both are clean.
- Declutter the workplace to reduce the number of objects that need to be cleaned and disinfected. Remove any unnecessary items that cannot be easily cleaned and disinfected (e.g., plush cushions).
- Clean any shared item between users (e.g., craft supplies).
- For additional information, please refer to the CCOHS resource "[Cleaning and Disinfecting](#)".

## Medical Masks

- Medical masks should always be worn by staff and visitors.
- At meals, staff should keep their medical mask on as much as possible, and only take it off when eating and drinking.
- Encourage residents to wear a medical mask (if required, provide assistance) when receiving direct care from staff, when in common areas with other residents (except for mealtimes), and when receiving a visitor as tolerated.
- Medical masks should not be used for residents who have difficulty breathing or who are unable to remove the mask on their own (e.g., due to decreased level of consciousness, physical ability, etc.).

## Personal Protective Equipment (PPE)

- Review and update procedures to include the PPE required to protect staff from COVID-19. Follow any specific PPE requirements for your jurisdiction (if applicable) and work sector.
- Wear PPE required for droplet and contact precautions (includes gloves, a long-sleeved gown, a medical mask, and eye protection), at minimum, for all staff who enter the resident room or who are within 2 metres of resident who are suspected or confirmed to have COVID-19.
- Substitution of an N95 or equivalent respirator in place of a medical mask may occur based on the point-of-care risk assessment, if an aerosol generating medical procedure is being performed. or local requirements.
- Ensure that staff are trained on the proper use of PPE including donning and doffing procedures. Make sure that staff understand the limitations of PPE.
- Training on the care, use and storage of respirators should include:
  - Limitations of the respirator.
  - Inspection and maintenance of the respirator.
  - Proper fitting of the respirator.
  - Cleaning and disinfecting the respirator (if applicable).
- Make sure that staff are fit tested before they are required to wear a tight-fitting respirator (e.g., N95). Fit

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testing verifies that there is an effective seal between the respirator and the user's face.

- Remind staff who may wear tight-fitting respirators that they cannot have facial hair that comes between the sealing surface of the respirator facepiece and the face. Facial hair can cause respirators to leak around the face seal.
- Have written procedures about the selection, care, and use of respirators.
- Make sure there is a safe area with disposal and decontamination supplies for staff to take off their PPE.
- Make sure re-usable PPE is cleaned and disinfected after use according to manufacturer's instructions. See cleaning and disinfecting section for additional information.

## Visitors and Caregivers

- Visitation policies and restrictions will vary depending on factors such as the degree of local transmission, whether there is a facility outbreak, and local public health requirements. Some jurisdictions may require visitors to be fully vaccinated, follow their requirements.
- Visitor policies should provide a balance between minimizing the risk of COVID-19 entering the facility, and the need for residents to maintain good mental health.
- Create a visitor policy that:
  - Is adaptive and flexible to respond to local COVID-19 activity.
  - Defines the different types of visitors at the facility (e.g., essential visitors such as caregivers and general visitors such as a friend or family member visiting for social reasons).
  - Defines the number and types of visitors allowed per resident.
  - Outlines the precautions required to be followed by visitors (e.g., screening, testing, hand hygiene, wearing a medical mask, respiratory etiquette, and physical distancing).
  - Includes education to visitors about physical distancing strategies, and the proper use of PPE (including how to put on and remove).
  - Is posted and shared with and with residents, visitors, and staff.
- Some jurisdictions require visitors such as essential caregivers to complete COVID-19 testing before entering the facility. Follow the requirements for your jurisdiction.
- If allowed, visitor movement within the facility should be restricted to visiting the resident directly and exiting the facility immediately after the visit (outdoor visits may be preferable when weather permits).
- Designate spaces where indoor and outdoor visitation will occur. Include signs indicating suitable locations. Clean and disinfect surfaces between visits.

## Evaluate Controls

- Regularly review the adequacy of controls implemented and make improvements as necessary.
- Determine if there are any new hazards created by any of the changes implemented at the workplace. For example, if new cleaning chemicals are used are staff properly trained?

## Facility Continuity Plans

- Review and adjust facility continuity plans to address issues related to COVID-19 such as: what to do if there is a staff shortage, what to do in the event of an outbreak, and how communication will be coordinated with stakeholders such as the jurisdiction's Ministry of Health and local public health authorities.



**If you or someone you know is in crisis, please contact your local hospital, call 911 immediately, or contact a [Crisis Centre in your area](#).**



It is important that mental health resources and support are provided to all workers, including access to an employee assistance program, if available.

For further information on COVID-19, refer to the [Public Health Agency of Canada](#).

Note that this guidance is just some of the adjustments organizations can make during a pandemic. Adapt this list by adding your own good practices and policies to meet your organization's specific needs.

**Disclaimer:** As public and occupational health and safety information is changing rapidly, local public health authorities should be consulted for specific, regional guidance. This information is not intended to replace medical advice or legislated health and safety obligations. Although every effort is made to ensure the accuracy, currency and completeness of the information, CCOHS does not guarantee, warrant, represent or undertake that the information provided is correct, accurate or current. CCOHS is not liable for any loss, claim, or demand arising directly or indirectly from any use or reliance upon the information.