COVID-19

Guidance for Long-Term Care Facilities (LTCF)

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animalsCOVID-19 is a new disease that has not been previously identified in humans and has spread globally. Residents of long- term care facilities have been identified as a vulnerable population who are at very high risk for serious disease and have the potential to transmit the virus easily within their facility. (Facility in NB refers to a Nursing Home.) Health care workers, staff and volunteers in such facilities can also easily transmit and need to be extremely vigilant in self-monitoring in order to prevent introducing the virus into this setting. As knowledge of the virus and its transmission has increased, there is now evidence that asymptomatic and pre-symptomatic transmission can occur and may be an important factor in closed settings.

Health care workers (HCW) in LTCF have a critical role to play in identifying, reporting and managing potential cases of COVID-19. Public health provides guidance to those who care for residents who might become ill with the virus and work to minimize the risk to those most likely to become severely ill if infected. Long-term care facilities care for some of our most vulnerable community members, as persons who are older or who have underlying health conditions have a higher risk of developing complications from this virus.

Nursing Home Operators or Administrators should ensure that their nursing homes have developed policies and procedures for the prevention and management of respiratory outbreaks such as COVID 19. These should include a staffing contingency plan; an outbreak response plan and review process (including contact details for Public Health); and be prepared to be responsible for coordination of an outbreak response and implementation of outbreak measures in close coordination with the regional public health team. In addition, there are essential steps a long-term care facility must take to help prevent spread of COVID-19.

The guidance in this document has been developed specifically for implementation in LTCFs and will be updated as new information becomes available from Federal/Provincial/Territorial (F/P/T) authorities. Guidance has been adapted from ***Public Health Agency of Canada Infection Prevention and Control for COVID-19. Interim Guidance for Long Term Care Homes***

For information regarding COVID-19, visit the Canada.ca and WHO web site and the Government of New Brunswick (GNB) Coronavirus web site: www.gnb.ca/coronavirus.

It is important for infection prevention and control strategies to prevent or limit transmission of COVID-19 in LTCFs to have prompt identification of all persons with signs and symptoms of possible COVID-19. The elderly do not always have clear clinical presentation. Staff should be vigilant completing assessments for any symptoms every shift, and flag symptoms even if mild.

Signs or symptoms of COVID-19 can be very subtle early on, for the purposes of protecting this vulnerable group a sensitive definition is used and may include:

- Fever (temperature of 37.8□C or greater), OR
  - Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
  - Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, or headache

Transmission

- Symptomatic cases of COVID-19, including mild cases, are causing the majority of transmission, although there is also evidence that asymptomatic and pre-symptomatic transmission can occur in LTCF settings
- Person-to-person transmission is mostly occurring via infectious respiratory droplets
- The virus enters a person's body either:
  - by large respiratory droplets containing the virus that adhere to mucous membranes of a person's eyes, nose or mouth, or
  - by touching a surface or an object contaminated with the virus and then proceeding to touching one's eyes, nose and mouth.
- A longer exposure time and a more severe illness with coughing likely increases the risk of exposure to the virus.
- Performing an aerosol-generating medical procedure (AGMP) can generate aerosols capable of being inhaled, and capable of spreading further in the air than respiratory droplets.
- Fecal-oral and body fluid transmission of COVID-19 viruses could be occurring.

Incubation period

Current estimates of the incubation period range from 0-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease.

Period of communicability

The period of communicability is not well understood and varies by type of coronavirus. Detailed medical information from people infected is needed to determine the infectious period of COVID-19.

For contact tracing purposes, New Brunswick has adopted the period of communicability for COVID-19 is from two days prior to onset of symptoms up to 14 days after symptom onset.

Contamination of surfaces

COVID-19 viruses can survive on surfaces from several hours to days depending on several factors including relative temperature, humidity, and surface type.

In order to develop technical guidance to support F/P/T public health authorities and front-line clinicians in health care settings respond to COVID-19, a number of assumptions were taken to develop interim guidance documents. These assumptions are based on currently available scientific evidence and expert opinion and are subject to change as new information on transmissibility and epidemiology becomes available. It is still to be determined how easily the

virus spreads between people. See: Summary of Assumptions

If a resident is experiencing symptoms of COVID-19, follow the **LTCF Clinical Care Pathways Appendix A** and the control measures below.

To maintain the integrity of the health care system and prevent transmission in clinical and other vulnerable group settings, residents and staff of LTCFs that are symptomatic (even with mild symptoms) are considered as a priority group for testing for COVID-19. Refer to memo April 2, 2020 Expansion of COVID-19 testing Criteria.

Reporting and Notification

Individual cases:
An interim national case definition for COVID-19 has been developed, specifically for confirmed cases, probable cases and as well as associated surveillance reporting requirements.

Report any possible COVID-19 illness in residents and employees immediately to Regional Health Authorities (RHA)Public Health. It is critical for long term care staff to notify Regional Medical Officer of Health (MOH) or designate of any cases (i.e. suspect, confirmed or probable), **within 1 hour** as per amended legislation. RHA Public Health staff can be reached during regular business hours as well as after hours as per established protocols (see **Appendix B**). **RHA Public Health will work with the LTCF to provide overall coordination with health care providers and regional microbiology laboratories for the management of cases and to establish communication links with all involved health care providers for the full duration of illness.**

Outbreak:
Any suspected outbreak should be responded to immediately and reported to RHA Public Health. For any suspected outbreak, LTCF will send a line list for ill residents and staff with the same elements as listed in **Appendix C.**

Definition of a COVID-19 outbreak in a LTCF: In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member.

Laboratory Testing:

RHA Public Health will assist LTCF in facilitating appropriate laboratory testing by the health care provider. As per relevant laboratory guidance and identified protocols, ensure that appropriate specimens from a case are forwarded to the respective regional microbiology laboratory. One nasopharyngeal swab is to be collected.

Follow instructions as provided by the **COVID Assessment and Testing Pathway Appendix D**. The specimens will be tested at the Dr. Georges-L.-Dumont University Hospital Centre microbiology laboratory. Their assay is available 7 days a week and performed within 24 hours of receiving the specimens. Label as LTCF.

Treatment

The treating health care provider attached to the LTCF will provide individual clinical management of the case based on their condition and at the discretion of the health care provider. At this time, there is no specific treatment (e.g. antivirals) for cases of COVID-19. Guidance on the clinical management of severe acute respiratory infection (i.e. in a hospital) when a case of COVID-19 is suspected is available from the Public Health Agency of Canada (PHAC).

INFECTION PREVENTION AND CONTROL

CONTROL MEASURES:

To prevent the introduction of COVID-19 into your facility, all the following measures should be currently in place until further notice:

1. **Prohibit all non-essential visitors** from entering by having controlled access for essential staff: need to buzz in, check in with operator or designate before entering.
2. Limit access points to single entry to the facility.
3. All staff and essential volunteers/visitors must be trained and monitored for compliance with putting on and wearing a mask for the duration of their shift or visit, and ensuring it is appropriately discarded after use. This is to reduce the risk of transmission to residents, which may occur even when symptoms are not recognized
4. Conduct active screening of employees at entry of the facility. Refer to Appendix E.
5. Staff self-monitor for new signs or symptoms twice daily and immediately report any new symptoms to the LTCF
6. Prior to working every shift, staff must report if they have had potential exposure to a case of COVID-19.
7. Restrict all staff from reporting to duty for 14 days after they have returned from travel outside New Brunswick.
8. Staff should avoid working in different facilities when possible.
9. Post signs at the entrance of the building restricting visitors.
10. Food and essential items should be delivered through a single access point. Every effort should be made to avoid unnecessary entry, and if entry is required delivery personnel must be screened.
11. Resident screening should include daily assessment for symptoms of COVID-19.
12. Support hand and respiratory hygiene, as well as cough etiquette by residents, and employees.
13. Have new admissions stay in their rooms for 14 days and monitor very closely for early onset of symptoms.
    Minimize the number of HCW caring for them (i.e. reduce the number of possible exposures)
    Cluster the activities of staff going into their room so they do not need to enter the room as often.
14. Physical distancing measures (maintaining 2 metres spatial separation) are utilized for staff wherever feasible, while providing safe care and while on lunch breaks, etc.
15. Physical distancing measures (e.g., use of single rooms when available, maintaining 2 metres spatial separation between residents in hallways, all recreation, activity, activation

or dining or other communal areas) are utilized for all residents.

16. Rooms for isolation of ill residents should be identified proactively before any suspect or confirmed cases in the facility if available if possible.

To prevent the spread of COVID-19 within your facility:

1. All residents with suspect COVID-19 are immediately placed into Droplet and Contact precautions (e.g., use of gloves, gown, mask and face or eye protection) for all staff who enter the resident room or who are within 2 metres of resident until COVID-19 or other respiratory infection is confirmed through testing.
    - Single rooms and dedicated bathrooms are preferred,
    - If this is not possible, a separation of 2 metres must be maintained between the bed space of the affected resident and all roommates with privacy curtains drawn. In this case, the roommate should be placed on isolation as well.
    - The resident must be restricted to their room or bed space.
2. If positive test result (confirmed case), continue isolation as described above until resident is cleared, in consultation with the attending Physician/NP and the Regional Medical Officer of Health. Additional outbreak control measures based on a risk assessment may be required by RHA PH to be implemented in the facility (see outbreak management)
3. For residents positive for COVID-19, post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required personal protective equipment (PPE).
4. Posters illustrating the current methods for putting on and removing required PPE placed inside and outside of resident rooms for easy visual cues.
5. If a resident is a contact of a case and tests negative, they should continue to monitor and isolate for 14 days. If symptoms worsen may need a second test
6. If a resident is tested because COVID-19 is suspected and the test is negative, the Primary Care provider should discuss when to discontinue isolation with the Regional MOH.
7. The duration and discontinuation of Droplet and Contact precautions and isolation measures for an individual resident or unit on outbreak should be determined on a case-by-case basis, in consultation with RHA Public Health.
8. If there is a case and during an **outbreak** in one of the facilities, **staff** will be RESTRICTED from working shifts in more than one facility.

Outbreak management strategies include:

- RHA PH will conduct contact tracing to determine of whether a COVID-19-positive staff member or resident exposed other staff or residents during the period of communicability.
- LTCF should notify the transferring hospital and local public health authorities if a resident develops symptoms and/or is diagnosed with COVID-19 within 14 days of transfer from another facility.
- RHA PH will provide guidance and directives on when to apply outbreak measures to the affected unit or the entire LTCF. This could include such measures as placing all residents on isolation precautions and/or wider testing within the facility, depending on the risk assessment.
- LTCF will need to implement further restrictions of movement of residents within the facility and discontinuation of all non-essential activities, including communal activities, if not already in place, as directed by RHA PH.

- LTCF should arrange for the use of portable equipment to help avoid unnecessary resident transfers (e.g. portable x-rays), while ensuring that this is appropriately cleaned and disinfected between residents.
- There will be no new resident admissions permitted in the context of an outbreak of COVID-19.
- Increased frequency of active screening for COVID-19 symptoms in residents is to be done every shift.

Hand Hygiene

Hand hygiene remains one of the most important means to prevent and control communicable disease, and should be performed frequently by residents, staff, visitors, and volunteers.

Hand washing is an effective way to reduce microbial contamination of hands and should be part of the daily routine of residents, staff and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting. Use of an alcohol-based hand rub between 70-90% ethyl alcohol is also appropriate, and is the method of choice for health care settings Other types of waterless products may contain either no alcohol or alcohol in concentrations of less than 70% - there is no efficacy data on these products and they should not be used for hand hygiene in nursing homes.

- Ensure that residents have easy access to appropriate hand hygiene facilities following toileting and before meals or food preparation.
- Include education and assistance of residents with hand hygiene as part of care plan.
- Ensure alcohol base hand rub is available and maintained at the point of care, ideally both inside and outside of resident room.
- Ensure alcohol base hand rub is located and maintained at entrances to the facility.
- Soap and water are required if hands are visibly soiled and after personal toileting.
- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Post signage directing all persons entering the building to clean their hands.
- Educate HCWs on the 4 critical moments for hand hygiene and review on a regular basis.
- See **Appendix F** for directions for HCWs and **Appendix G** for residents regarding hand hygiene.

Respiratory Hygiene

- Respiratory hygiene products (e.g. masks, tissues, alcohol- based hand rinse (ABHR), no-touch waste receptacles) are available and easily accessible to staff and residents.
- Refer to **Appendix H**
- Respiratory hygiene should be actively encouraged for all residents and staff.
- Contain respiratory secretions by using tissues to cover the mouth and nose during coughing/sneezing, with prompt disposal into a no touch waste receptacle.
- Cover the mouth and nose during coughing/sneezing against a sleeve/shoulder if tissues are not available.
- Turn the head away from others when coughing/sneezing.
- Provide tissues and masks for respiratory hygiene as well as instructions on how and where to dispose of them and the importance of hand hygiene after handling this material.

Personal Protective Equipment

- The NB Pandemic Task Force is now recommending that Mask-for-all-shift guidance be implemented across the health care system. Health-care workers and staff, essential visitors in nursing homes during direct patient care should be provided two surgical masks per shift. The appropriate use of Personal Protective Equipment (PPE) (including masks) will preserve supplies while protecting employees and patients.
- Appropriate practice should be followed for donning and doffing of the masks as well as continue to use routine infection prevention and control guidance. (see **Appendix I and J**).
- NOTE: This is different from those higher risk situations where health care workers must conduct a Point of Care Risk Assessment (PCRA) to determine the level of PPE required, as described in the Infection Prevention and Control guidance documents for Health Care workers.
- The PCRA is a routine practice that should be applied before every clinical encounter regardless of COVID-19 status and all staff have a responsibility to assess the infectious risks posed to themselves, other staff, other residents and visitors from a resident, situation or procedure.
- For patients that have symptoms or confirmed for COVID 19:
    - Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
    - Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room if required.
    - Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.

Aerosol Generating Medical Procedures (AGMP)

- AGMPs are rarely performed in LTCF, though potential examples in this setting may include open suctioning in patients with a tracheostomy, use of non-invasive positive pressure ventilation (CPAP) machines, or nebulized therapy.
- Oral suctioning is not considered an AGMP.
- An N95 respirator (plus eye protection) gown and gloves should be used when performing aerosol-generating medical procedures (AGMP): intubation and related procedures, nebulizing therapy, non-invasive positive pressure ventilation (CPAP, BiPAP), manual ventilation, open endotracheal suctioning on a suspect case.
- Where possible switch to metre dose inhaler (MDI) from nebulized treatment.
- Any AGMPs performed on patients with suspect or confirmed COVID- 19 require additional precautions including use of N95 respirator.
- AGMPs on a resident suspected or confirmed to have COVID-19 should 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
    - These procedures are performed in a single room with hard walls with the door closed.

    - Entry into a room of a patient undergoing CPAP is minimized
- It is recommended to discontinue CPAP use if a resident is suspected to have COVID 19 and awaiting test results or is diagnosed with COVID-19. There is no short-term risk of discontinuing CPAP when diagnosed and recovering from COVID-19.
- If a resident currently uses CPAP machine there is no need to discontinue use provided the patient is not infected with COVID-19.
- Moving residents from room to room who are on CPAP or BiPAP within a LTCF should be avoided.

Health Care Workers:

- Provide HCW with training and reminders on hand hygiene, proper use of PPE and their critical responsibility to self-monitor for respiratory symptoms and stay home when sick, even with mild or minor symptoms. Experience in other jurisdictions is that COVID-19 is introduced into these settings by mildly symptomatic workers or visitors.
- Provide ongoing training and monitoring of compliance with Routine Practices, including hand hygiene, and implementation of additional precautions, including Droplet and Contact precautions, and use of an N95 respirator, in addition to Droplet and Contact precautions, if AGMPs are performed.
- HCW should have N95 fit testing done every two years.
- Ensure staff are aware how to conduct a point-of-care risk assessment prior to all interactions to determine what IPC measures are needed to protect residents and themselves from infection.
- Ensure HCW have access to information on COVID-19, infection prevention and control precautions and have a chance to practice donning and doffing protective equipment.
- A dedicated telephone line has been set up for Health Care workers and staff to call immediately 1-833-475-0724.
- If a HCW develops symptoms of COVID-19 (new onset/exacerbation of chronic cough, fever or signs of fever, sore throat, runny nose, headache) while at home they must immediately call the dedicated line, stay off work and self-isolate, and notify their supervisor who will advise Public Health.
- If a HCW develops symptoms at work they should immediately exclude themselves from the resident environment, ensure they do not remove their mask, clean their hands, notify their supervisor who will advise Public Health, call the dedicated line, avoid further resident contact and leave work as soon as it is safe to do so.
- If a HCW has had close contact with someone with COVID-19 compatible symptoms who travelled outside NB, they must stay off work, self-isolate and self-monitor for symptoms for 14 days, and notify their supervisor and contact the dedicated line if symptoms develop.
- If a HCW has had contact with a known or suspected case of COVID-19 they must immediately, stay off work, and self-isolate and notify their supervisor who will contact Public Health. They should self-monitor for symptoms for 14 days and contact the dedicated line if symptoms develop.
- Staff ill or with an unprotected exposure to someone with confirmed COVID-19 or those otherwise determined to require self-isolation according to public health directives, must not enter the LTCF for at least 14 days from last exposure unless RHA Public Health provides other direction (based on an assessment of the proximity and

duration of contact and level of PPE worn). HCW must notify their employer so PH can be advised.

- LTCF operators should work closely with RHA Public Health authorities to manage exposed staff.
- Plan for fluctuating staffing levels by identifying essential functions and creating plans for continuity of operations.
- Plan for what will be required to maintain critical operations.
- Cross-train personnel to perform essential functions so the workplace can operate even if key staff are absent.

Communication:

- Prepare and practice calm, reassuring and accurate communication with residents, their families and other stakeholders. Acknowledge the seriousness of the situation and the feelings of fear and anxiety that might produce. Share only the facts from trusted sources.
- Keep residents and employees informed if a case of COVID-19 is identified in the LTCF.
- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow staff and residents.
- HCW should monitor Public Health information to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities may also consult with public health authorities for additional guidance if required.

Cohorting:

- Plan for and actively identify dedicated employees to care for COVID-19 patients and provide infection control training.
- During an outbreak, establish dedicated teams of staff specific to residents with suspected or confirmed COVID-19, where feasible, to reduce the risk of further transmitting infection in the LTCF.
- Residents suspected or confirmed to have COVID-19 should be cared for in single rooms if possible.
- Roommates of symptomatic residents should not be moved to new shared rooms, and instead should be moved to a new single room for isolation and monitoring for symptoms, or maintained in place if a 2 metre separation and privacy curtains can be implemented
- Public Health will provide direction regarding use of masks for residents.
- Perform a risk assessment to determine resident placement and/ or suitability for cohorting when single rooms are limited. If possible, further cohort staff, so one group cares for the ill residents and a second cohort cares for the non-ill residents on the affected unit/wing.
- When cohorting each resident must be isolated separately. Hand hygiene and a change of gown and gloves is required between contact with each resident and/or a resident's environment.

Admissions, Readmissions, Transfers:

- Follow guideline regarding Admission/Transfer to Acute care. Care is to be given on site at the LTCF unless the physician determines that residents condition requires acute care.
- **New admissions**:
    - Admission of an actively ill resident diagnosed with COVID is not recommended. The RHAs will apply screening tool on patients before considering transfer to Nursing Home.
    - For other new admissions, access points should allow for rapid placement of residents being admitted from the community or returning from another facility, and they should be given a mask during transfer and ideally placed under isolation with Droplet and Contact precautions for 14 days on arrival to the facility.
    - New admissions should be preferentially admitted to a single room if available or semi-private with curtains drawn between beds, maintaining at least 2 metres between residents.
- **Readmissions**:
    - Should avoid readmitting residents who have not had COVID-19 into a facility where there is a case of COVID-19. Consult with the RMOH.
- **Transfer:**
    - Movement/ transport of residents with suspected or confirmed COVID-19 should be restricted to essential medical reasons.
    - Notify facilities and Ambulance NB prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care and advise of the required precautions for the resident being transported.
    - Residents with confirmed or suspected COVID-19 infection should stay in their room unless there is essential need for movement and/or transport, and until their symptoms have resolved. **Transfer within and between facilities should be avoided unless medically indicated.**
    - If residents with confirmed or suspected COVID-19 must leave their room for medically necessary care or treatment, they should be provided with clean attire, be accompanied by staff, wear a mask, be instructed to perform hand hygiene (with assistance as necessary), and avoid touching surfaces or items outside of the room. Wheelchairs or transport stretchers should be cleaned and disinfected prior to exiting the resident's room. Attention should be paid to cleaning and disinfection of any surfaces that may be touched by the resident while out of the room.
    - Droplet and Contact precautions should be maintained by staff during resident transport, and the need for Droplet and Contact precautions should be communicated to the transferring service and receiving unit ahead of transfer.

Communal / Social Activities

- Non-essential outings should be canceled.
- Cancel or re-schedule all social/group activities during an outbreak
- In non- outbreak situation, restrict group activities to less than 10 people where social distancing can be maintained.
- Ensure that when isolating residents that consideration is given to the potential impact these may have on resident physical, social and emotional well-being. Consider use of

one-on-one programs and use of technology to allow resident contact with family or friends.

- Any resident activities in the LTCF should ensure that any materials (e.g. electronic tablets or other devices, craft supplies, bingo cards, magazines, books, cooking utensils, linens, tools) are not shared among residents unless they are cleaned and disinfected between uses for each resident. If the items cannot be easily cleaned and disinfected, they should not be shared among residents.
- Practice physical distancing (at least 2 metres) between residents at meal time even if there are no cases of COVID-19 identified in the LTCF by:
    - Staggering mealtimes to ensure this minimum distance can be maintained.
- If there are suspected or confirmed cases of COVID-19 in the LTCF:
    - Serving residents individual meals in their rooms while ensuring adequate monitoring and supervision for all residents

Care of Deceased Bodies

Routine Practices should be used properly and consistently when handling deceased bodies or preparing bodies for autopsy or transfer to mortuary services. Communicable disease regulations should be followed.

Environmental Cleaning and Disinfection:

- Clean and disinfect residents' rooms twice a day with special attention to all horizontal and frequently touched surfaces for the duration of illness.
- Ensure all staff responsible for environmental cleaning adhere to required cleaning and disinfection practices.
- Increased frequency of cleaning high-touch surfaces in resident rooms and any central areas is important for controlling the spread of microorganisms during a respiratory infection outbreak.
- Environmental disinfectants should be classed as a hospital grade disinfectant and registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses. In the event that commercially-prepared hospital disinfectants are not available, LTCF may use a diluted bleach solution to disinfect the environment. When using bleach, cleaning must precede disinfection. See Appendix K.
- All resident room and central area surfaces, that are considered "high touch" (e.g. telephone, bedside table, overbed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles and shower handles, faucets or shower chairs, grab bars, outside of paper towel dispenser) should be cleaned and disinfected at a minimum of twice daily and when soiled. Hospital grade disinfectant (e.g., disinfectant wipes) using the recommended contact time should be used to disinfect smaller resident care equipment (e.g., BP cuffs, electronic thermometers, oximeters, stethoscope) after each use.
- In addition, room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, overbed light fixtures, message or white boards, outside of sharps containers). Floors and walls should be kept visibly clean and free of spills, dust and debris.

- All reusable equipment should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection. If this is not feasible, equipment should be cleaned and disinfected with a hospital grade disinfectant before each use on another resident. Single-use disposable equipment and supplies should be discarded into a no-touch waste receptacle after each use.
- Ensure terminal cleaning and disinfecting of resident's room following discharge, transfer, or discontinuation of the Droplet Contact Precautions.
- Toilet brushes, unused toilet paper and other disposable supplies should be discarded. Privacy curtains should be removed and laundered upon a resident's discharge or transfer.
- At discharge, room transfer or death of a resident any resident-owned items (e.g. clothing, photos, televisions, furniture, cards and ornaments) should be removed, any items with hard surfaces cleaned, and placed in a bag for family or representative. While risk of transmission of COVID-19 via these items is likely low, at this time best practice may be for families to store for 5 days prior to handling. If the family wishes to donate any of the resident's items to the LTCH or another resident, they must first be thoroughly cleaned and disinfected.
- All surfaces or items, outside of the resident room, that are touched by or in contact with staff (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected at least daily and when soiled. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.

Resident care equipment:

- Ensure all staff responsible for utilizing resident care equipment is adhering to required cleaning and disinfection practices. All reusable equipment and supplies, electronics, personal belongings, etc., should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection.
- All care equipment (e.g., thermometers, blood pressure cuff, commodes, etc.) used with an ill resident should be dedicated to that resident. If use with other residents is necessary, the equipment and supplies should be cleaned and disinfected with a hospital disinfectant before reuse.
- Items that cannot be appropriately cleaned and disinfected should be discarded upon resident transfer or discharge.
- Single person/resident devices are discarded after use with one resident (may be more than one use).
- Single use devices are discarded in a waste receptacle after a single use on one resident.

Linen, dishes and cutlery

No special precautions are recommended. Routine Practices are used.

Waste management

No special precautions are recommended; Routine Practices are used.

Appendix A: A Nursing Home COVID Pathway

Provided by Department of Health
April 10, 2020

Assessment and Testing (See flowchart: Nursing Home COVID-19 Assessment and Testing Pathway)
If a patient meets the case definition per the most recent memo from the Office of the Chief Medical Officer of Health (OCMOH):

1. Apply isolation procedures on resident and follow all instructions in *Coronavirus (COVID-19) Guidance for Long Term Care Facilities* issued by Public Health (hereafter referred to as G*uidance*)
2. Follow procedures with the resident's primary care provider to obtain an order for testing.
3. Notify the Regional Public Health Officer and follow instruction. Note: a discussion with the Regional Medical Officer of Health is no longer required prior to ordering COVID-19 testing.
4. Notify the Major Incident Line as per Nursing Home Standard.
5. Swab resident using nasopharyngeal swabs and technique, using personal protective equipment as per the G*uidance*. A video on the technique is available at the link below.

https://www.paho.org/hq/index.php?option=com_content&view=article&id=7918:2012-videos-sample-collection&Itemid=40295&lang=pt

6. Complete *COVID 19 Combined Referral and Lab Requisition Form* in its entirety (including ordering physician).
7. Follow the instructions in *COVID 19 Specimen Collection and Transportation* procedure for packaging and transfer of specimens.

Note: Nursing home staff are expected to complete the specimen collection. If unable to do so:

- In **Vitalité Health Network (VHN) regions and self-identifying francophone Nursing Homes in Moncton**, contact the closest VHN laboratory (see appendix A).
- In **Horizon Health Network (HHN) regions and self-identifying anglophone nursing homes in Moncton**, call the EMP Care Coordination Center at 1-844-982-7367.

Test Results and Care

1. If the test result is positive, continue isolation until the resident is cleared.
2. If the test result is negative but the resident is a ***contact of someone*** with the coronavirus, continue isolation for 14 days (timed from the first day of onset of symptoms for the person with symptoms). If the resident's condition gets worse, they may need to be retested.
3. If the test result is negative but COVID-19 is suspected (but the resident is not a contact of someone with coronavirus), discuss with the Regional Medical Officer of Health to determine when to discontinue isolation.
4. Care is to be given on site at the Nursing Home unless the physician determines that resident's condition requires acute care. Physician's order will be required prior to arranging such transfer. In this event, ensure communication of probable or confirmed

case to ambulance services and the hospital emergency department. The *Guidance* contains additional detail on admission/transfer to acute care.

Obtaining Test Kits

Test/Collection Kits are available at the regional labs (see table below). The regional labs will allow each nursing home to have one test kit as stock. When used for a resident and specimen taken to the closest regional laboratory, the laboratory will give the nursing home a new kit in exchange.

Vitalité Health Network Labs	Horizon Health Network Labs
Dr. Georges L.-Dumont University Hospital Center (Moncton)	The Moncton Hospital
Hôpital Régional d'Edmundston	Saint John Regional Hospital
Hopital Régionl de Campbellton	Dr. Everett Chalmers Hospital (Fredericton)
Hôpital Régional de Chaleur (Bathurst)	Miramichi Hospital

Appendix B: Public Health Communicable Disease Team Contact List

Contact information for the RHA Public Health Offices is listed below and is also available on the Office of the Chief Medical Officer of Health's website: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_health_clinics.html

Department of Public Safety Public Health Inspectors	**Regional Health Authority Public Health Nurses**
Central Region Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	Zone 3 Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
Central Region After Hours Emergency Number 1-506-453-8128	
South Region Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	Zone 2 Saint John (Regular hours): Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
South Region After Hours Emergency Number 1-506-658-2764	
East Region Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220	Zone 1 Moncton (Regular hours): Main office (506) 856-2401 Communicable Disease Line (506) 856-3220 Zone 7 Miramichi (Regular hours): Main office (506) 778-6756 Communicable Disease Line (506) 778-6104
East Region After Hours Emergency Number 1-506-856-2004	
North Region Edmundston (Regular hours): Main office (506) 737-4400 Campbellton (Regular hours): Main office (506) 789-2549 Bathurst (Regular hours): Main office (506) 549-5550	Zone 4 Edmundston (Regular hours): Main office: (506) 735-2065 Communicable Disease Line: (506) 735-2626 Zone 5 Campbellton (Regular hours): Main office phone number: (506) 789-2266 Communicable Disease Line (506) 790-4769 Zone 6 Communicable Disease Line (506) 547-2062 Bathurst (Regular hours): Main office phone number: (506) 547-2062 Communicable Disease Line: (506) 547-2067
North Region After Hours Emergency Number 1-506-789-2428	

Note: Regular hours are 8:15 am - 4:30 pm Monday-Friday.
The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The pager is intended for emergency reporting only – operators are asked to keep the after-hours pager number confidential within the facility (only for operators and staff).

Appendix C: Recommended Data Elements for Nursing Home COVID-19 Investigation Line Lists

A strong line listing of COVID-19 cases is very helpful in both identifying an outbreak and then monitoring and managing that outbreak. Use the same line list you use to report Influenza outbreaks. An excel spreadsheet containing the data elements listed below is located in the Members Area of the New Brunswick Association of Nursing Homes (NBANH) website with this guidance document. The home page for NBANH is http://www.nbanh.com/en/about/

The bracketed information contains the suggested responses for the specific data element.

Name Initials (first, last)

Case Number

Reason person at Nursing Home

Gender (Male or Female)

Date of Birth (dd-mmm-yyyy)

Age

Room number

Date onset of first ILI symptoms (dd-mmm- yyyy)

Fever (yes or no)

Cough (yes or no)

Sore throat (yes or no)

Chills (yes or no)

Myalgia (yes or no)

Athralgia (yes or no) unknown)

Prostration (yes or no)

SOB (yes or no)

Other symptoms specify

Date specimen collected (dd-mmm-yyyy)

NP Swab for Influenza (yes, no)

Lab Results (COVID-19 negative, COVID-19 positive, influenza negative, influenza A, influenza B, other positive)

Other tests requested specify

Other positive lab result, specify

Received seasonal influenza vaccine? (yes, no, unknown)

Date of received

Seasonal influenza vaccine (dd-mm-yyyy)

Received Pneumococcal vaccine? (yes, no, unknown)

Received Antivirals? (yes, no, unknown)

If yes, indicate antiviral type, specify

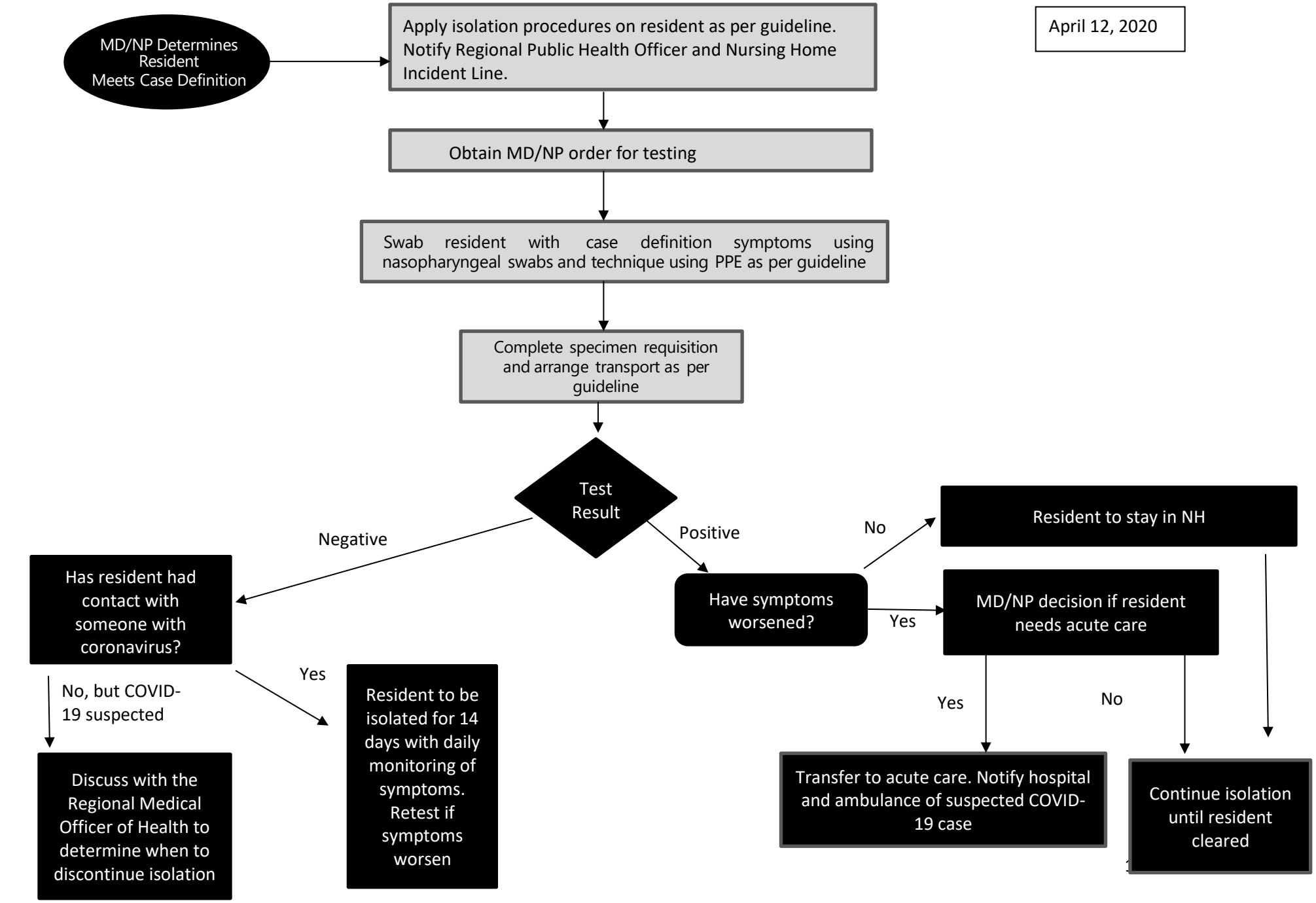
Date ILI symptoms resolved (dd-mmm-yyyy)

Outcome (recovered, deceased,

Hospitalized (Yes, No, Unknown)

Comment

Appendix D: COVID Assessment and Testing Pathway



Appendix E: Sample Screening Questions for essential workers for entry to facility

PLEASE DO NOT ENTER THE BUILDING WITHOUT ANSWERING THE FOLLOWING QUESTIONS

1. **Do you have** two or more of the following:

   - Fever (signs of fever)
   - Cough (new or exacerbated chronic)
   - Sore throat
   - Runny nose
   - Headache

2. Have you returned from travel outside of New Brunswick within the last 14 days?

3. Have you had close contact within the last 14 days with a confirmed case of COVID-19?

4. Have you had close contact within the last 14 days with a person being tested for COVID-19?

If you answered YES to question 1,2, 3,or 4 self-isolate at home. If you have or develop symptoms, call 1-833-475-0724

Appendix F: Hand Hygiene for Health Care Workers (HCWs)

Hand hygiene is the single most effective measure to prevent the transmission of Health Care Associated Infections (HCAI). It has been documented that HCAIs kill 8,000-12,000 Canadians every year. Good hand hygiene saves lives and reduces the strain on our healthcare system.

Hands must be cleaned at the point of care and it is crucial that hand hygiene is performed at these 4 critical times:

- Before initial resident/resident environment contact.
- Before aseptic procedure.
- After body fluid exposure risk.
- After resident/resident environment contact.

- Personal hand hygiene should also be performed:
- Before assisting residents with feeding
- Before and after preparing food
- After using the toilet
- After blowing your nose, coughing or sneezing

- *If there is visible soiling, hands should be washed with soap and water.*

- **Follow these simple instructions when washing your hands with soap and water:**

- Wet hands with warm water.
- Apply soap and rub for 15 - 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re-contaminating hands, for example, use towel to turn off taps.

Follow these simple instructions when using an alcohol-based hand rub:

- Apply a measured pump of the product (enough of the product to cover all surfaces of the hand) into your open palm.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

Hands must be fully dry before touching the resident or the environment/equipment for the alcohol-based hand rub to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen- enriched environment.

Appendix G: Hand Hygiene for Residents

Hand washing is the single best way to prevent spread of infection. It is estimated that 80% of common infections such as the cold and flu are spread by unwashed hands. Good hand washing technique is easy to learn.

If there is visible soiling, hands should be washed with soap and water.

Follow these simple instructions when washing your hands with plain soap and water:

- Wet hands with warm water.
- Apply soap and rub for 15 - 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re contaminating hands, for example, use towel to turn off taps.

- *Follow these simple instructions when using an alcohol-based hand rub:*

- Apply a measured pump of the product (enough of the product to cover all surfaces of the hand) into your open palm.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.
- If using an alcohol-based hand rub, remember alcohol is flammable.

- *When to clean your hands:*

- Before meals
- Before feeding children, including breastfeeding
- Before and after preparing food
- Before and after visiting our residents
- Before and after visiting with people who are sick
- After using the toilet
- After changing diapers or helping someone toileting
- After blowing your nose, coughing or sneezing
- After playing with shared toys
- After handling animals or their waste

Appendix H: Eye Protection, Surgical/Procedural Masks & Gloves

Eye Protection

Eye protection is recommended to protect the mucous membranes of the eyes during case / PUI care or activities likely to generate splashes or sprays of body fluids including respiratory secretions.

- Eye protection should be worn over prescription eye glasses. Prescription eye glasses alone are not adequate protection against respiratory droplets.
- Protective eye wear should be put on after putting on a mask.
- After applying eye protection, gloves should be donned (see above).
- To remove eye protection, first remove gloves and perform hand hygiene. Then remove the eye protection by handling the arms of goggles or sides or back of face shield. The front of the goggles or face shield is considered contaminated.
- Discard the eye protection into a plastic lined waste container. If the eye protection is not intended for single use, clean it with soap and water and then disinfect it with a bleach solution of one-part bleach to 9 parts water, being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

Surgical / Procedure Masks

Face masks (surgical / procedure masks) provide a physical barrier that may help prevent the transmission of the virus from an ill person to a well person by blocking large particle respiratory droplets propelled by coughing or sneezing. However, using a mask alone is not guaranteed to stop infections and should be combined with other prevention measures including respiratory etiquette and hand hygiene.

Applying a consistent approach to putting on and taking off a mask are key in providing overall protective benefits. The following steps will help to ensure masks are used effectively:

- Before putting on a mask, wash hands with soap and water or ABHS. The mask should be worn with the coloured side facing out.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask, press the mask tight to your face using your fingers to secure along the perimeter of the mask, pressing firmly over the bridge of your nose. Wash hands again with soap and water or ABHS.
- Avoid touching the mask while using it; if you do, clean your hands with soap and water or alcohol-based hand sanitizer.
- If re-wearing of masks is recommended, staff must remove their mask by the ties or elastics taking care not to touch front of mask, and carefully store the mask in a clean dry area, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again
- Masks should be disposed of and replaced when they become wet, damp, or soiled or when they come in direct contact with a resident.
- To remove the mask, remove both straps from behind the ears. Do not touch the front of mask and ensure that the front of the mask does not touch your skin or any surfaces

before you discard it immediately in a closed waste container. Wash hands with alcohol-based hand rub or soap and water.

Gloves

Disposable single use gloves should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; caregivers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, with one of your gloved hands pull off your glove for the opposite hand from the fingertips, as you are pulling, from your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed, and hand hygiene performed when they are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution of one-part bleach with nine parts water (to make a 0.5% sodium hypochlorite solution).

Appendix I: Routine Practices

Routine Practices include:

1. A point of care risk assessment of the resident and the planned interaction is completed prior to each interaction –See Appendix C
2. Hand hygiene before and after physical contact with the resident and / or with the resident's environment
3. Hand hygiene by residents and visitors. Residents may require assistance from health care providers
4. Use of barriers to prevent HCW contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes (e.g. gloves, gown, mask, eye protection).
5. Single room and private toileting facilities for residents who soil the environment with blood, body fluids, excretions or secretions.
6. Safe handling of sharps to prevent injury including the use of safety-engineered devices and the provision of sharps containers at point-of-care where required.
7. Safe handling of soiled linen and waste to prevent exposure and transmission to others
8. Cleaning and disinfection of equipment that is being used by more than one resident between residents.
9. Respiratory Hygiene
   - Post signage at facility entrances re performing hand hygiene and donning a surgical/procedure mask if sneezing or coughing
   - Use disposable tissues for wiping nose
   - Cover both mouth and nose with disposable tissues when coughing or sneezing
   - Discard tissues after one use into a hands-free receptacle
   - Sneeze and cough into sleeve or shoulder when tissues are not available rather than the bare hand
   - Perform hand hygiene immediately after coughing, sneezing or using tissues
   - Turn head away from others when coughing or sneezing
   - Keep hands away from the mucous membranes of the eyes and nose
   - Maintain a spatial separation of 2 meters between residents symptomatic with an acute respiratory infection (new cough/shortness of breath and fever) and those who do not have symptoms of a respiratory infection.

Appendix J: Droplet Contact Precautions for Nursing Homes

- Perform a point of care risk assessment to determine appropriate accommodation.
- Prioritize residents who cannot be confined to their bed/bed space maintaining spatial separation of ≥ 2 meters from others for a private room / private Bathroom
- In shared accommodations the privacy curtains must remain pulled
- The resident's door may remain open if the distance from the resident to the door is ≥ 2 meters
- Cohorting of residents may be required.

Personal Protective Equipment

- Gloves for entry into the room, cubicle or bed space if a shared room
- Surgical/procedure mask for activity within 2 meters
- Eye Protection for activity within 2 meters. Prescription eye glasses do not provide protection
- Long sleeved gowns if it is anticipated that clothing or forearms will be in direct contact with the resident, environmental surfaces, or objects within the resident, environmental
- Instruct visitors on necessary infection control measures including:
  - How to put on and remove isolation attire
  - Hand Hygiene (alcohol-based hand rub and/or soap and water)

Hand Hygiene

- Most important measure to prevent spread of infection,
- Clean hands before and after contact with the resident and/or resident's environment with alcohol- b a s e d hand rub or with soap and water
- Do not use the resident's bathroom sink for hand hygiene.

Isolation Supplies

- Alcohol based hand rub 70 – 90% (method of choice for hand hygiene in all healthcare facilities)
- Long sleeved isolation gowns
- Gloves
- Eye protection
- Surgical / procedure mask
- Dedicated thermometer
- Stethoscope
- Laundry hamper
- Waste containers
- Specimen bags
- Pen
- Post-it notes

- Isolation Signage (Droplet Contact Precautions)
- Approved disinfectant for equipment cleaning (e.g. accelerated hydrogen peroxide)

Resident Care Supplies

- Limit the disposable supplies taken into the room to the amount anticipated for use
- Disposables not used cannot be returned to stock. If not used by this resident, they must be discarded
- Provide the resident with tissues, a waste container for used tissues and a mechanism to perform hand hygiene following coughing/sneezing.

Isolation Room Set up

- Post signs with the required precautions (both official languages) outside the resident room— must be clearly visible
- Waste can and laundry hamper in resident room
- Ensure that the resident can dispose of used tissues
- Set up the personal protective supplies outside the resident room (anteroom or corridor).

Enter/Exit Room Procedure

Before entering room, cubicle, or bed space in a shared room:

- Perform hand hygiene
- Put on gown— if required
- Put on surgical/procedure mask
- Put on eye protection ▪ Put on gloves.

To exit room:

- PPE is removed prior to exiting the room
- Remove gloves and dispose
- Remove gown (if worn), touching only the inside of gown and place in hamper
- Perform hand hygiene
- Remove eye protection (front of eye protection is contaminated)
- Remove mask-remove by ties (front of the mask is contaminated)
- Perform hand hygiene.

Note: Re-usable eye protection must be cleaned and disinfected after each use

Charting

Do not take any part of the resident chart into the room to transfer information from the resident room:

- Keep dedicated pen and post-it notes inside resident room
- Write information on post-it and stick on window/door of resident room
- Exit the resident room following the Enter/Exit Room Procedure
- Use another pen outside the room to record information on chart/paper.

Equipment

- Use disposable equipment, when possible.
- Dedicate reusable equipment to this resident and leave in room.
- Clean and disinfect reusable equipment before removing from the room.

Laundry and Waste

- Tie off the laundry and waste bags before leaving the room
- Place outside the room for pick-up
- No further special handling is required for laundry and waste.

Food Trays

- Regular dishes and cutlery
- Regular dishwashing procedures.

Room Cleaning

- Twice daily cleaning of all high touch surfaces, bed rails, light switches, bathrooms, bedside tables, walker, wheelchair, cane, and drawer handles remotes, phone, etc.
- If resident is discharged or transferred out of room, carry out discharge cleaning (per facility policy) and discard all magazines, personal care supplies, disposable supplies, etc.

Resident Transport

Resident remains confined to room except for medically required activities.
Re-schedule all non-urgent medical appointments. If it is necessary to leave the room for tests/facility transfer/therapy:

- Sending facility must notify receiving facility of required precautions
- Transport Personnel to don Personal Protective Equipment (PPE) to enter resident room
- Resident to don a surgical/procedure mask and clean clothing
- Utilize clean linens on the clean transport-wheelchair/stretcher (the resident's linen should not be used for transport
- Assist resident with hand hygiene
- When leaving the room with the resident, transport personnel should remove PPE (gowns and gloves) and perform hand hygiene and don clean PPE. The surgical mask and eye protection do not need to be changed
- Use facility supplied disinfectant (i.e. accelerated hydrogen peroxide) to provide a clean area for hands on the transport equipment
- If equipment from the resident's room must also be transported, it must be disinfected and allowed to air dry prior to use
- Use a transport route that avoids populated areas
- Maintain ≥ 2 meters from others
- Use a dedicated elevator, with no other persons in it
- Disinfect equipment after transfer.

Appendix K: Cleaning and Disinfection for COVID-19

Increasing the frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of viruses, and other microorganisms. All surfaces, especially those general surfaces that are frequently touched, such as door knobs, handrails, etc., should be cleaned at least twice daily and when soiled.

When choosing an environmental cleaning product, it is important to follow product instructions for dilution, contact time and safe use, and to ensure that the product is:

- Registered in Canada with a Drug Identification Number (DIN)
- Labelled as a broad-spectrum virucide

All soiled surfaces should be cleaned before disinfecting, unless otherwise stated on the product.

The following hard-surface disinfectant products meet Health Canada's requirements for emerging viral pathogens. These authorized disinfectants may be used against SARS-CoV-2, the coronavirus that causes COVID-19. https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

If using household bleach, the following is recommended:

Disinfectant	Concentration and Instructions
Chlorine: household bleach – sodium hypochlorite (5.25%)	1000 ppm • 1 teaspoon (5 ml) bleach to 1 cup (250 ml) water or • 4 teaspoons (20 ml) bleach to 1 litre (1000 ml) water • Allow surface to air dry naturally

Precautions when using bleach

- Always follow safety precautions and the manufacturer's directions when working with concentrated solutions of bleach. To avoid injury, use appropriate personal protective equipment during handling (read the label and refer to the material safety data sheet).
- Chlorine bleach solution might damage some surfaces (e.g., metals, some plastics).
- Never mix ammonia products with bleach or bleach-containing products. This practice produces chlorine gas - a very toxic gas that can cause severe breathing problems, choking and potentially death.
- Clean the surface before using the chlorine bleach solution.
- A bottle of bleach has a shelf life, so check the bottle for an expiry date.
- Do not premix the water and bleach solution, as it loses potency over time. Make a fresh solution every day.

References:

MMWR Report Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020

Public Health Agency of Canada Infection Prevention and Control for COVID-19. Interim Guidance for Long Term Care Homes

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https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/NursingHomes/SeasonalInfluenza.pdf

https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected